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County Borough of Blackpool



ANNUAL REPORT

For the Year 1952

By

GEORGE W. MURRAY

M.B., Ch.B., D.P.H.

Medical Officer of Health and School Medical Officer



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MUNICIPAL HEALTH CENTRE,
WHITEGATE DRIVE,
BLACKPOOL.
September, 1953.

*To the Chairman and Members of the Health Committee
and the Related Health Services Committee.*

Ladies and Gentlemen,

I submit herewith for your perusal and consideration my Annual Report for the year 1952.

The report follows the lines laid down by Ministry of Health Circular 2/53 and previous circulars on the subject of the Annual Report of the Medical Officer of Health. In addition the Special Survey of Local Health Services provided under the National Health Service Acts called for in Circular 29/52 has been included within this report.

The population of the Borough, as estimated by the Registrar General at mid-1952, is 147,300. At the time of the census in April, 1951 it was 147,131.

The Birth Rate continues to decrease and the current rate of 10.9 now approximates closely to the figures for the 1930's. An improvement will be observed in the death rate when compared with the previous year but the only significant point about this improvement is that it emphasises the exceptionally high rate in 1951. The infant and neo-natal mortality rates whilst being slightly higher than those for the country as a whole do show a gratifying decrease on the previous year.

So far as infectious diseases are concerned the two outstanding points are that for the second consecutive year no positive cases of diphtheria were recorded and that the number of diagnosed cases of poliomyelitis has increased considerably. There were no large outbreaks of food poisoning during the year but the outbreak of sonne dysentery affecting four schools in the early stages assumed large proportions and of the 1,035 suspected cases investigated by the department 424 proved positive. The outbreak occupied the attention of the department for the last three months of the year. This outbreak and the resulting inconvenience, loss of school and working time, emphasises the paramount need for scrupulous care in the handling of food. Although this annual report is for the year 1952 only, I have, to present a complete picture, given details of the outbreak from its onset on 17th October, 1952 until it was finally presumed closed on 20th March, 1953.

The Special Survey of the Local Health Services is worthy of close study. Briefly, the Survey deals with the co-ordination and co-operation between the Local Health Services and other parts of the National Health Service, and also presents a complete picture of the Local Health Authority functions under the National Health Service Act. Where necessary suggestions are made for improvement of the existing service. I should like in this foreword to draw attention to two particular difficulties under which the department is labouring. Firstly, the inadequacy of the home nursing staff which prevents the service being expanded to include evening visits and the quality of the service being improved by reducing the case load per nurse to allow more time to be given to patients. Secondly, I refer to the difficulty in securing institutional accommodation for mental defectives. This problem is not confined to Blackpool but affects local health authorities the length and breadth of the country and is not so much a question of shortage of buildings or beds as one of recruiting staff to care for the inmates of the hospitals. Both these points are dealt with more fully in the body of the report and I can here only express the hope that the year 1953 or at least 1954 will see some worthwhile improvement in the situation.

The report on the Mass Radiography Survey of the Borough in 1951/52 was received too late for inclusion in the Special Survey. I have, however, included it in this report.

The subject of atmospheric pollution has been given much attention in the National press of recent years and in the section of this report dealing with Sanitary Circumstances of the Borough the note on Smoke Abatement indicates the action taken by the department during the year.

The section dealing with General Food Supply is of interest and a perusal of this will indicate the manifold activities of the department in this sphere. In particular I might draw attention to the notes on Sale of Horseflesh, Foreign Matter in Food, Bakehouses and Washing Up Facilities in Bars and Licensed Premises.

It is with deep regret that I have to record the death of Mr. T. R. Hodgson, M.A., F.R.I.C., who had been Public Analyst for the County Borough from 22nd January, 1913. Until the appointment of his successor arrangements were made for Mr. S. E. Melling of Broughton, Manchester, to act in a temporary capacity.

In conclusion, ladies and gentlemen, I wish to record my appreciation of your active interest in the Public Health service in Blackpool and to express my thanks to the staff of the department for their loyalty and support during the year.

I am,

Yours faithfully,

GEORGE W. MURRAY.

PUBLIC HEALTH OFFICERS OF THE
LOCAL HEALTH AUTHORITY.

(as at 31st December, 1952).

Medical Officer of Health and School Medical Officer:

GEORGE W. MURRAY, M.B. Ch.B., D.P.H.

Deputy Medical Officer of Health
and Senior Assistant Medical Officer for Mental Health:

DAVID W. WAUCHOB, M.B., B.Ch., B.A.O., D.P.H.

Senior Assistant Medical Officer for Maternity and Child Welfare:

MARY D. BANIM, M.B., B.Ch., B.A.O., D.R.C.O.G.

Assistant Maternity and Child Welfare Medical Officer:

VACANT.

Chief Sanitary Inspector:

HARRY PRIESTLEY, M.B.E. (a), (b).

Chief Administrative Assistant :

GEORGE E. FIELDING (a).

Superintendent Nursing Officer:

Miss W. BARLOW (c) (e) (f) (g).

Sanitary Staff:

Deputy Chief Sanitary Inspector, J. PICKARD (a) (b) ; District Inspectors, A. E. FITTON (a), E. SMITH (a), W. MOISTER (a), A. DANIEL (a) (b), T. W. LOMAX (a) (b), F. BURGIN (a) (b), E. W. BURROWS (a) (b), E. JACKSON (a) (b), J. PARKINSON (a) (b) ; Meats and Foods Inspectors, H. V. DIXON (a) (b), L. H. SHEPLEY (a) (b) ; Abattoirs Superintendent, W. RILEY (a) (b) ; Pestologist, A. HOWARD.

Health Visitors:

D. LEA (c) (e) (f), F. E. AINSWORTH (c) (e) (f), W. WALSH (c) (e) (f), M. E. FLETCHER (c) (e) (f), P. WROE (c) (e) (f), M. LORRAINE (c) (e) (f), M. RYDER (c) (e) (f) ; Tuberculosis Nurses, D. HARRISON (c) (e) (f), K. WATSON (c) (d) (e), M. HARDACRE (c) (e) (f) ; Infectious Diseases Nurses, B. MCCORMACK (c) (d), M. PARTINGTON (c) (d) (e).

Midwives:

L. HILL (c) (e), G. DIXON (e), E. V. FISHER (e), F. H. C. SAVAGE (e), A. BRINING (c) (e).

Home Nurses:

I. DEWHURST (c), A. MYLES (c), I. HOLLINGWORTH (c) (g), W. EMERY (c), R. E. SCOTT (c), E. GREATOREX (e) (c), A. M. LISTER (c) (g), M. ROSSALL (c) (d) (e) (g), M. TIDSWELL (c) (g), R. ELLIOTT (c), D. H. JONES (c) (e), E. STANLEY (c) (d) (e), M. A. FISHER (c) (e).

Mental Health Staff:

Duly Authorised Officers, D. TAYLOR, H. J. CORPE ; Mental Health Worker, Miss E. M. DASH ; Supervisor, Occupation Centre, Mrs. L. V. HIGHAM ; Assistant Supervisor, Mrs. M. G. GRIFFITHS ; Occupation Centre Assistant, Miss K. PARR.

Administrative and Clerical Staff:

Senior Statistical Clerk, D. H. TAYLOR, A.C.C.S. ; Senior Clerks, R. PRYAR, H. R. DOWLING, J. RICHARDSON ; Secretary to M. O. H., Miss N. BROWN ; seven male clerks and one storekeeper ; thirteen female clerks and one telephonist.

Domestic Help Supervisor:

Mrs. H. McCLELLAN.

Physiotherapists:

Miss J. KELSALL, C.S.P. and Mrs. B. CHESTER, C.S.P.

Radiographer:

Mrs. M. EASTER (c) (d).

Public Analyst (Part-time):

S. E. MELLING, M.Sc., F.R.I.C. (temporary appointment).

-
- (a) Holders of Certificate of Royal Sanitary Institute or Sanitary Inspectors' Examination Joint Board.
 - (b) Holders of Certificate of Royal Sanitary Institute for Meat and Other Foods.
 - (c) General Trained.
 - (d) Fever Trained.
 - (e) State Certified Midwife.
 - (f) Health Visitors' Certificate of Royal Sanitary Institute.
 - (g) Trained in District Nursing by Queen's Institute of District Nursing.

GENERAL STATISTICS, VITAL STATISTICS, INFECTIOUS DISEASES AND GENERAL PROVISION OF HEALTH SERVICES.

GENERAL STATISTICS

Area (exclusive of foreshore)	8,512 acres
Area of foreshore and Crown lands	1,068 acres
Population (Census—1951)	147,131
Population (Estimated by Registrar General—mid-1952)	147,300
Number of inhabited houses	44,873
Number of empty houses	205
Rateable value of Borough	£1,837,354
Sum represented by a Penny Rate	£7,412

VITAL STATISTICS

		Male	Female	Total
Live Births :	Legitimate	771	738	1509
	Illegitimate	57	43	100
	Birth Rate (Crude) per 1,000 population :		10.9	
	Birth Rate (Standardised) per 1,000 ..		11.1	
Stillbirths :	Legitimate	33	13	46
	Illegitimate	1	1	2
	Rate per 1,000 births (live and still)		29.0	
	Rate per 1,000 population ...		.33	
Deaths	... ..	1108	1157	2265
	Death Rate (Crude) per 1,000 population		15.4	
	Death Rate (Standardised) per 1,000 ..		13.2	
Number of women dying in or in consequence of childbirth :		Deaths	Rate per 1,000 births (live and still)	
(a) Puerperal sepsis	—	—		
(b) Other puerperal causes	1	.60		
Death Rates of infants under one year of age :				
(a) All infants per 1,000 live births				28.0
(b) Legitimate infants per 1,000 legitimate live births				27.2
(c) Illegitimate infants per 1,000 illegitimate live births				40.00
Death Rate of infants under four weeks of age (per 1,000 live births)				19.3

BIRTHS

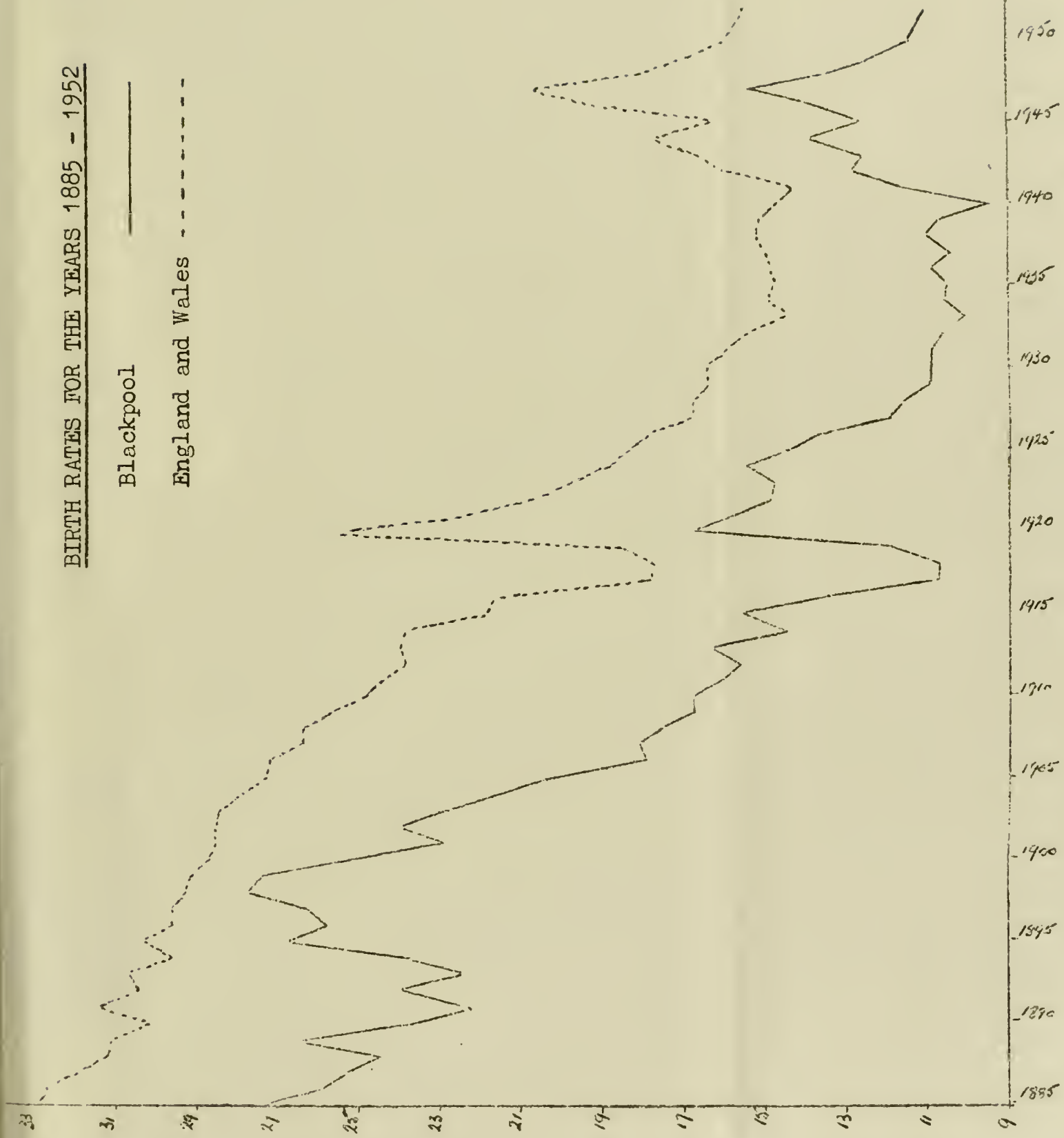
1,609 live births have been allocated to Blackpool. The resulting birth rate of 10.9 per 1,000 population, again a reduction on the previous year, now closely approximates to pre-war figures. The standardised birth rate of 11.1 does not compare favourably with the rates for England and Wales and other areas.

England and Wales	15.3
160 County Boroughs and Great Towns (including London)	16.9
160 Smaller Towns (resident population 25,000—50,000 at 1951 Census)	15.5
London Administrative County	17.6

BIRTH RATES FOR THE YEARS 1885 - 1952

Blackpool

England and Wales



Illegitimate Births. 100 illegitimate births were recorded during 1952, giving rates of .68 per 1,000 population or 6.2 % of the total births. This is a considerable improvement on last year and gives rise to the hope that the rate of illegitimacy which rose considerably during the recent war will now revert to, or improve on, the pre-war level.

Stillbirths. 48 stillbirths were registered during the year under review. Here again, there is an improvement on previous years but the rate of 29.0 per 1,000 total births does not compare favourably with the figures for other areas.

England and Wales	...	...	...	22.6
160 County Boroughs and Great Towns				
(including London)	...	...	...	24.6
160 Smaller towns (resident population				
25,000—50,000 at 1951 census)	...	...	...	23.0
London Administrative County	...	...	...	19.2

DEATHS

2,265 deaths occurred amongst Blackpool residents during 1952. This produces a crude death rate of 15.4 per 1,000 population and a standardised rate of 13.2 per 1,000 population. The corresponding figures for 1951 were as follows—total deaths, 2,682 ; crude death rate, 18.3 ; standardised death rate, 15.8. Whilst it is a pleasure to record an improvement in the mortality rate it should be remembered that the deaths in 1951 were unusually high as a result of a hard winter coupled with the widespread epidemic of influenza—this was reflected in the high mortality due to influenza, bronchitis and heart diseases.

For comparison the rates for England and Wales and other areas are given below :

England and Wales	...	...	...	11.3
160 County Boroughs and Great Towns				
(including London)	...	...	...	12.1
160 Smaller Towns (resident population				
25,000—50,000 at 1951 Census	...	...	...	11.2
London Administrative County	...	...	...	12.6

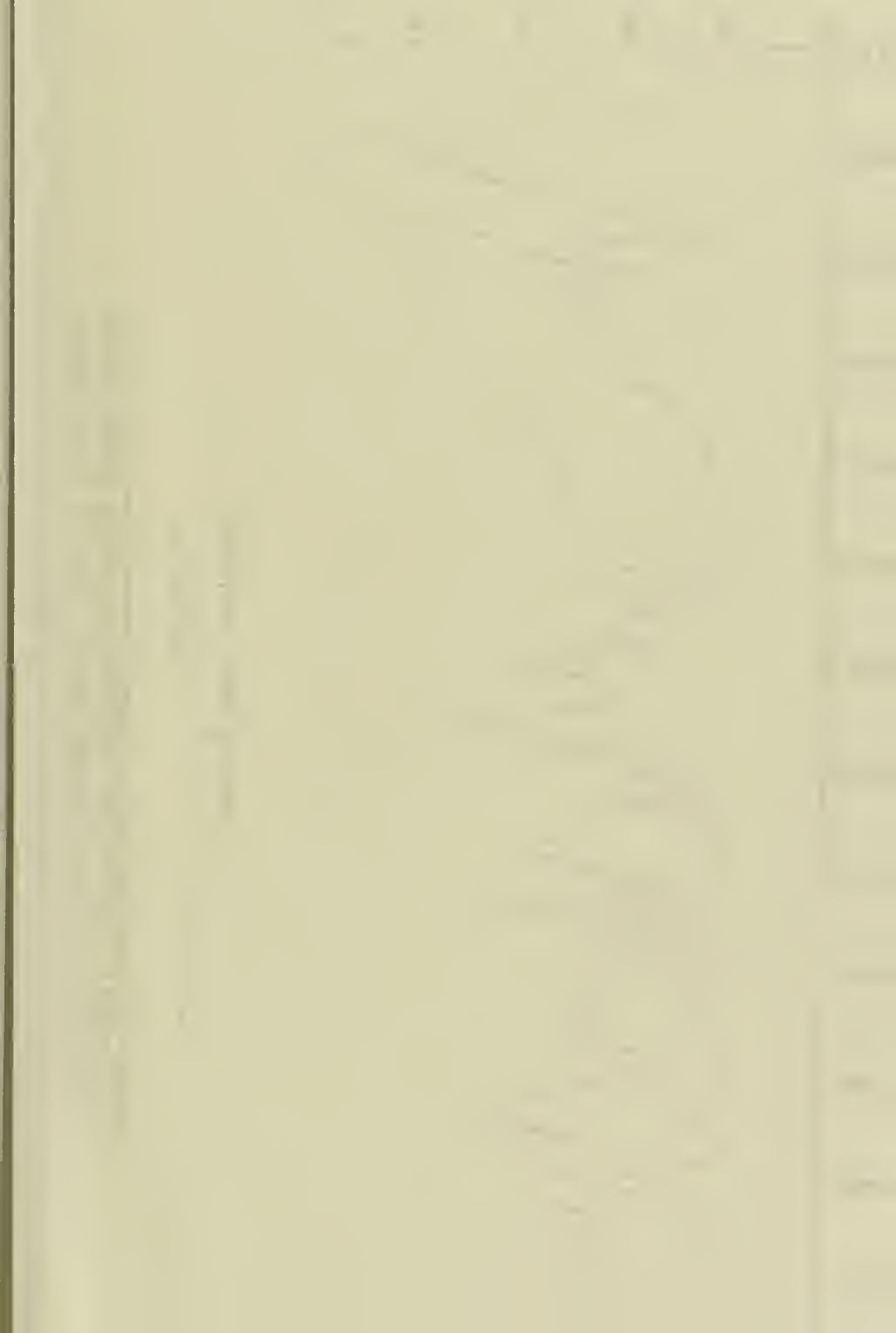
The percentage of deaths in the various age groups with similar figures for a number of previous years is as follows :

Age	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Under 12 months ...	4.5	6.3	5.3	4.0	3.1	3.7	4.5	3.5	2.1	2.7	2.1	2.0
1 year and under 5 years ...	1.5	1.3	.9	.5	.8	.9	.6	.2	.2	.4	.4	.4
5 years and under 15 years	35.9	37.3	35.1	36.4	34.1	34.0	32.2	32.3	30.7	.3	.3	.3
15 years and under 65 years										27.9	28.4	26.6
65 years and over ...	58.1	55.1	58.7	59.1	62.0	61.4	62.7	64.0	67.0	68.7	68.7	70.7

The Registrar General has furnished a list of causes of deaths, sub-classified in sex and age groups and this is set out below.

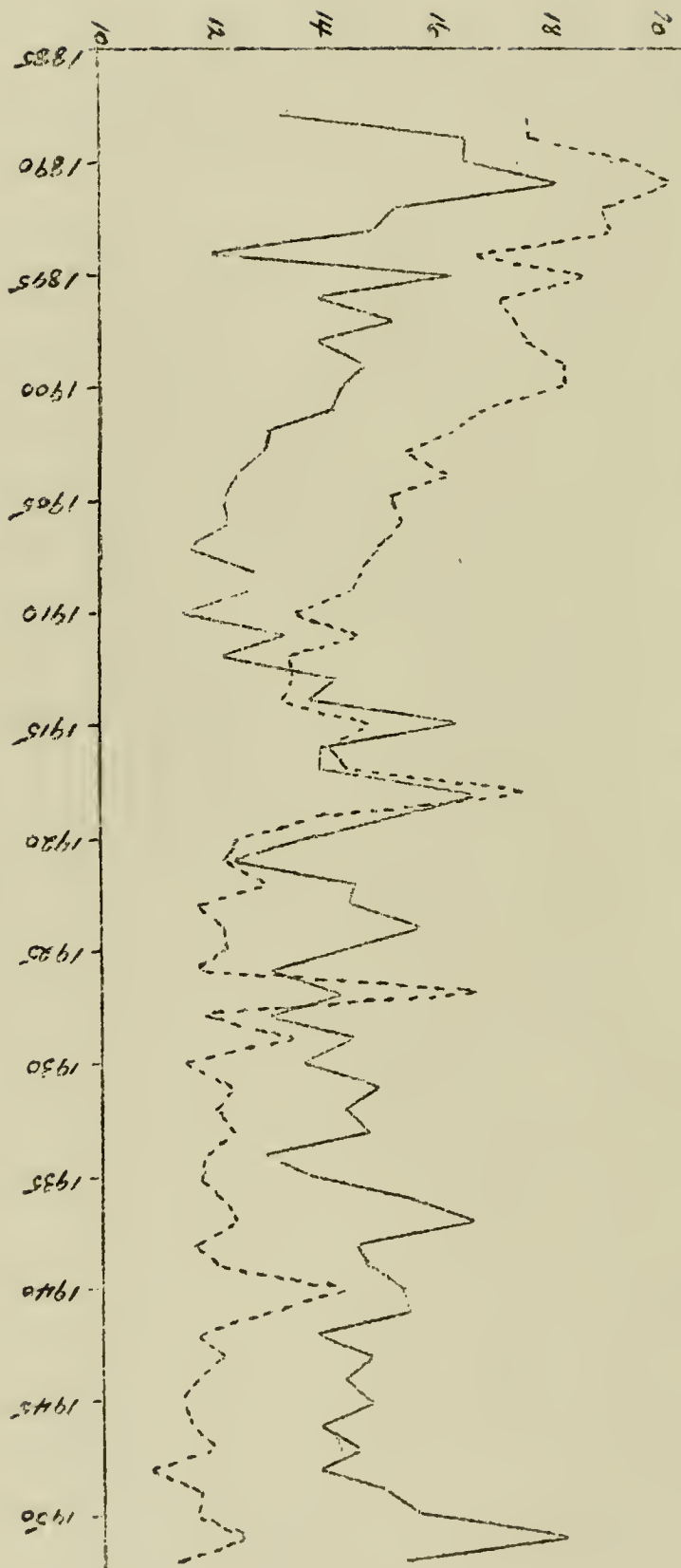
Causes of death at different periods of life in the County Borough of Blackpool.

			AGE AT DEATH								
			All Ages	0—	1—	5—	15—	25—	45—	65—	75—
Tuberculosis, respiratory	M	26	—	—	—	—	1	7	11	7	—
	F	12	—	—	—	—	2	3	4	2	1
Tuberculosis, other	M	5	—	—	—	—	1	2	—	—	2
	F	1	—	—	—	—	—	1	—	—	—
Syphilitic disease	M	1	—	—	—	—	—	—	—	1	—
	F	3	—	—	—	—	—	—	2	—	1
Diphtheria	M	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
Whooping Cough	M	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	M	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	M	1	—	—	—	—	—	1	—	—	—
	F	1	—	—	—	—	—	1	—	—	—
Measles	M	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	M	1	—	1	—	—	—	—	—	—	—
	F	3	—	1	1	—	—	—	—	—	1
Malignant neoplasm, stomach	M	34	—	—	—	—	—	1	8	16	9
	F	33	—	—	—	—	—	—	10	15	8
Malignant neoplasm, lung, bronchus ...	M	41	—	—	—	—	—	—	22	14	5
	F	11	—	—	—	—	—	1	2	7	1
Malignant neoplasm, breast	F	37	—	—	—	—	—	7	13	11	6
Malignant neoplasm, uterus	F	30	—	—	—	—	—	2	13	13	2
Other malignant and lymphatic neoplasms	M	101	—	2	—	—	—	3	29	37	30
	F	87	—	—	—	—	—	10	24	26	27
Leukaemia and aleukacmia	M	2	—	—	—	—	—	—	2	—	—
	F	—	—	—	—	—	—	—	—	—	—
Diabetes	M	2	—	—	—	—	—	—	1	1	—
	F	14	—	—	—	—	—	—	1	7	6
Vascular lesions of nervous system ...	M	129	—	—	—	—	—	2	26	41	60
	F	228	—	—	—	—	—	—	50	79	99
Coronary disease, angina	M	198	—	—	—	—	—	3	65	86	44
	F	105	—	—	—	—	—	1	24	40	40
Hypertension with heart disease	M	7	—	—	—	—	—	—	2	3	2
	F	22	—	—	—	—	—	—	4	8	10
Other heart disease	M	220	—	—	—	—	—	—	35	77	108
	F	288	—	—	—	—	—	3	30	77	178
Other circulatory disease	M	47	—	—	—	—	—	3	9	12	23
	F	55	—	—	—	—	—	2	7	11	35
Influenza	M	6	—	—	—	—	—	—	1	2	3
	F	5	—	—	—	—	—	—	2	1	2
Pneumonia	M	28	6	—	—	—	—	2	4	8	8
	F	25	4	—	—	—	—	1	4	4	12
Bronchitis	M	66	—	—	—	—	—	2	21	27	16
	F	32	—	—	1	—	—	—	5	12	14
Other disease of respiratory system ...	M	4	—	—	—	—	—	—	4	—	—
	F	2	—	—	—	—	—	—	—	1	1
Ulcer of stomach and duodenum	M	17	—	—	—	—	—	1	9	5	2
	F	8	—	—	—	—	—	1	3	2	2
Gastritis, enteritis and diarrhoea	M	5	1	—	1	—	—	—	2	1	—
	F	4	—	—	—	—	—	—	2	1	1
Nephritis and nephrosis	M	15	—	—	—	—	—	1	6	6	2
	F	11	—	1	—	—	—	1	1	4	4
Hyperplasia of prostate	M	21	—	—	—	—	—	—	2	7	12
Pregnancy, childbirth, abortion	F	1	—	—	—	—	—	1	—	—	—
Congenital malformations	M	5	5	—	—	—	—	—	—	—	—
	F	5	5	—	—	—	—	—	—	—	—
Other defined and ill-defined diseases ...	M	92	13	2	2	1	2	19	17	36	36
	F	106	8	1	—	—	6	23	18	50	50
Motor vehicle accidents	M	11	—	—	1	1	3	2	1	3	3
	F	4	—	—	—	—	—	—	—	1	2
All other accidents	M	15	3	—	1	1	2	3	2	3	3
	F	20	—	—	—	—	1	2	3	4	10
Suicide	M	8	—	—	—	—	—	3	1	4	—
	F	2	—	—	—	—	—	—	—	1	1
Homicide and operations of war	M	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	—
ALL CAUSES	M	1108	28	5	5	5	38	284	375	368	368
	F	1157	17	3	2	5	44	227	345	514	514



COMPARISON OF THE CRUDE DEATH RATE OF BLACKPOOL
WITH DEATH RATE OF ENGLAND AND WALES, 1888-1952.

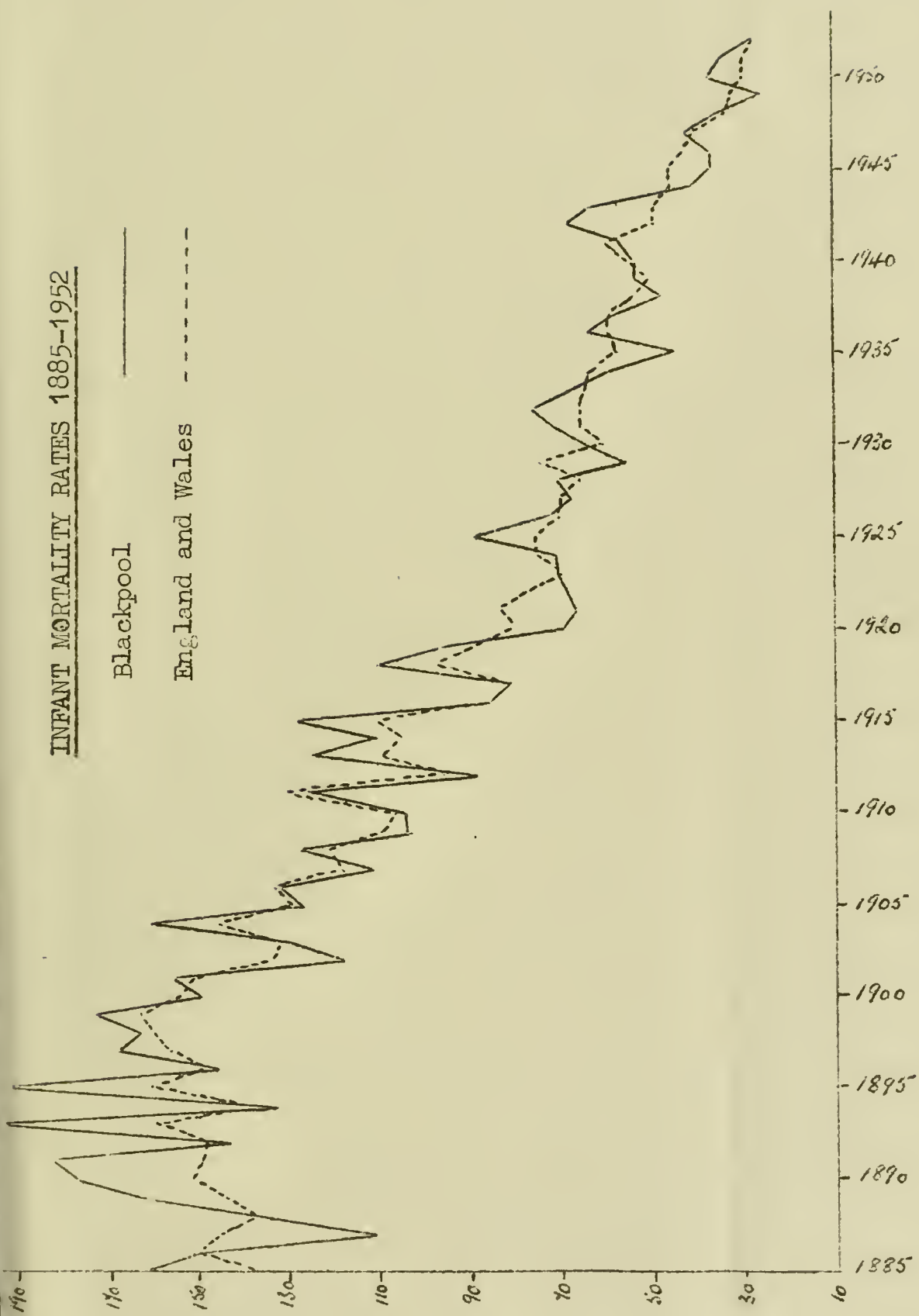
Blackpool —————
England and Wales - - - - -



INFANT MORTALITY RATES 1885-1952

Blackpool

England and Wales



Tuberculosis. A total of 44 deaths have been classified as due to tuberculosis—38 respiratory and 6 non-respiratory. The mortality rates are :—

Total deaths ... ..	.30 per 1,000 population
Respiratory ... ..	.26 „
Non-respiratory ... ..	.04 „

The rate is slightly higher than the average for England and Wales.

Heart Diseases. During the year 840 persons died from various forms of heart diseases. This is equivalent to a mortality rate of 5.7 per 1,000 population and represents 37% of the total deaths. Of the 840 deaths coronary thrombosis accounted for 303. Heart diseases are, mainly, a concomitant of old age and as might be expected practically the whole of the deaths so classified are in the three higher age groups.

Cancer. 376 deaths or 16.6 per cent. of the total deaths registered resulted from malignant neoplasms, leukaemia or aleukaemia. The death rate is 2.6 per 1,000 population as against 1.993 per 1,000 population for the country as a whole. Increased attention has been given in recent years to the rise in the numbers of deaths from cancer of the lung or bronchus and it is of interest to note that the Blackpool rate is .353 compared with .323 for England and Wales.

Infant Mortality. 45 children under the age of twelve months died during 1952. The mortality rate is 28.0 per 1,000 registered live births which compares very favourably with the rate of 35.2 for the previous year. In spite of this obvious improvement the rate is still slightly higher than the average for the country. For comparison the rates for other areas are given below :

England and Wales	27.6 per 1,000 registered live births
160 County Boroughs and Great Towns (including London)	31.2 „ „
160 Smaller Towns (resident population 25,000—50,000 at 1951 Census)	25.8 „ „
London Administrative County	23.8 „ „

Neo-Natal Mortality. Of the 45 deaths referred to above 31 occurred during the first four weeks after birth. Here again, the rate, which is 19.3 per 1,000 registered live births, is a considerable advance on the previous year. The corresponding rate for England and Wales is 18.9. The various causes and numbers of Infant and Neo-Natal deaths are as set out below :

Cause.	Infantile	Neo-Natal
Bilateral cortical necrosis of the suprarenal glands ...	1	1
Cardiac Muscle Failure	1	
Staphylococcal Pneumonia	1	
Bilateral Lobar Pneumonia	1	
Bronchopneumonia	3	
Virus pneumonia	1	
Pneumonia of the newborn	4	4
Exomphalos	1	1

Strangulation of small intestine	...	...	...	...	1	
Gastro-enteritis	...	...	...	...	1	
Hypertrophic pyloric stenosis	...	...	...	...	1	
Anencephalic	...	...	...	...	1	1
Spina bifida	...	...	...	...	1	1
Meningomyelocele	...	...	...	...	1	1
Hydrocephalus	...	...	...	...	2	2
Congenital heart disease	...	...	...	...	3	1
Intracranial haemorrhage	...	...	...	...	3	3
Atelectasis with prematurity	...	...	...	...	1	1
Hydrops foetalis	...	...	...	...	1	1
Prematurity	...	...	...	...	13	13
Asphyxia due to the failure to remove the umbilical cord from the neck of the child immediately after his birth—want of attention at birth	...	...	...	...	1	1
Asphyxia due to regurgitation of vomit	...	...	...	...	2	
					45	31

Maternal Mortality. Only one maternal death was registered during the year. The cause of death was certified as obstetric shock. The mortality rate per 1,000 total births is .60 compared with .72 for England and Wales.

Comparative Statistics. The following table affords a comparison between the statistics of previous years, so far as they are available, with those of the year under review.

Period or Year	Birth Rates			Death Rates					
	Total	Still-births	Illegitimate	Total	Infantile	Neo-Natal	Maternal	Tuberculosis	Cancer
	(per 1000 population)	(per 1000 total births)	(per 1000 total births)	(per 1000 population)	(per 1000 live births)	(per 1000 live births)	(per 1000 total births)	(per 1000 population)	(per 1000 population)
1886—1890	25.2	—	—	15.3	144.2	—	—	—	—
1891—1895	23.9	—	—	15.3	168.2	—	—	—	—
1896—1900	26.5	—	—	14.4	159.9	—	—	—	.67
1901—1905	22.3	—	1.3	12.9	138.4	—	—	—	.93
1906—1910	17.4	—	1.2	12.2	115.4	—	—	—	.88
1911—1915	15.6	—	1.3	14.0	115.7	—	—	.91	1.3
1916—1920	12.7	—	1.4	14.7	88.8	—	—	1.0	1.6
1921—1925	15.0	—	1.3	14.3	73.3	—	6.6	.88	1.7
1926—1930	11.8	—	.93	13.7	66.2	—	5.7	.76	1.8
1931—1935	10.5	53.5	.76	14.2	63.6	—	6.0	.71	2.0
1936	10.8	55.2	.62	15.6	63.0	—	4.6	.63	2.1
1937	10.3	66.9	.64	16.6	57.7	—	3.1	.62	2.2
1938	10.9	42.5	.63	14.6	47.2	—	4.7	.59	2.3
1939	10.6	39.5	.78	14.8	53.5	—	2.6	.58	2.1
1940	9.4	40.4	.69	15.4	53.0	—	7.1	.49	1.7
1941	11.5	36.1	.97	15.5	56.8	—	2.0	.62	2.3
1942	12.7	36.9	1.3	13.8	68.4	—	4.8	.49	1.9
1943	12.5	30.3	1.2	14.8	62.6	—	2.5	.55	2.2
1944	13.8	33.7	1.4	14.3	41.3	—	3.8	.53	2.2
1945	12.5	29.1	1.7	14.8	37.8	—	2.6	.50	2.3
1946	13.7	28.2	1.3	13.8	37.8	—	2.8	.53	2.2
1947	15.2	27.1	.98	14.6	43.4	—	2.1	.53	2.1
1948	13.8	29.0	1.1	13.8	36.3	—	1.9	.47	2.2
1949	12.2	31.4	.88	15.1	25.8	—	1.1	.45	2.4
1950	11.3	28.7	.73	15.7	37.8	24.8	1.7	.30	2.4
1951	11.1	31.7	.86	18.3	35.2	24.7	1.2	.34	2.6
1952	10.9	29.0	.68	15.4	28.0	19.3	.60	.30	2.6

INFECTIOUS DISEASES

The full details of cases of notifiable infectious disease are set out on page 13 but here I should like to draw attention to the outstanding features during the year under review.

In the first place I have pleasure in reporting that for the second consecutive year no positive cases of diphtheria were recorded in the borough. 21 suspected cases were referred to the department but pathological examinations excluded the presence of diphtheria bacilli. It is to be hoped that the absence of this disease does not lead parents into the belief that immunisation is no longer necessary. The subject of diphtheria immunisation is dealt with on page 36.

The recorded cases of whooping cough show a considerable increase on the previous year but no deaths resulted from the disease. Although in the past few years whooping cough prophylaxis has been offered by the department very few parents appeared sufficiently interested to bring their children to the clinics to be immunised. However, the combined diphtheria and whooping cough antigen is now used by this department and as many parents have their children immunised against diphtheria more children will as a consequence be protected against whooping cough. I cannot say whether we shall achieve such spectacular results as in the fight against diphtheria but, at least, we can hope for a considerable reduction in the numbers of recorded cases.

The number of cases of measles varied but little from the previous year and remained on the high side.

The incidence of poliomyelitis was much higher this year and there were two deaths. As in previous years I give below a few brief details of the cases admitted to Hospital.

<i>Patient</i>	<i>Sex</i>	<i>Age</i>	<i>Remarks</i>
R.H.S.	M	10 years	Admitted to Infectious Diseases Hospital 10.1.52. Unable to move right leg and extend knee. Some involvement of spine and unable to sit up. Transferred to Victoria Hospital on 1.2.52 and to Moss Side Hospital 18.2.52. Placed in Pexaloid jacket. At the end of the year the jacket had been discarded and the only disability was in the right quadriceps and this was improving.
S.W.	F	5 years	Admitted Infectious Diseases Hospital 9.7.52. Facial paresis observed 2 days prior to admission. No further paralysis developed and patient was discharged home well on 15.8.52.
B.W.	M	4 years	Admitted Infectious Diseases Hospital 17.7.52. Could not stand. Slight neck and limb stiffness. Unable to move either leg. This patient was a visitor and was eventually transferred to King Edward VII Orthopaedic Hospital, Sheffield.
E.B.	F	12 years	Admitted Infectious Diseases Hospital 3.8.52. Paresis left leg and foot and some neck rigidity. Discharged home well 29.9.52.

W.G.	M	1 year	Admitted Infectious Diseases Hospital 2.8.52. Unable to abduct left arm. Discharged home 1.9.52. There was still some paresis and arrangements made for child to attend orthopaedic out-patient clinic.
D.M.	F	21 years	Admitted Infectious Diseases Hospital 10.8.52. Weakness left knee joint and stiffness of neck. Discharged home well 26.9.52.
D.E.N.	M	15 years	Admitted Infectious Diseases Hospital 14.8.52. Moderate degree of neck stiffness. Discharged home well 26.9.52.
J.D.	F	23 years	Admitted Infectious Diseases Hospital 24.8.52. Headache, slight temperature and some stiffness of back. No paralysis developed and patient discharged home well 12.9.52.
M.H.	M	19 years	Admitted Infectious Diseases Hospital 27.8.52. Left quadriceps muscles weak but not completely paralysed. Some difficulty in micturition. Discharged home well 20.9.52.
G.M.J.	F	26 years	Admitted Infectious Diseases Hospital 2.9.52. Unable to move legs and upper parts of arms. Dyspnoea. No thoracic respiration, solely abdominal. Left facial paralysis. Placed in respirator. Died 3.9.52.
F.T.	M	32 years	Admitted Infectious Diseases Hospital 16.9.52. Complete paralysis both legs. Died 20.9.52.
B.H.	M	6 years	Admitted Victoria Hospital 12.9.52. Prior to admission patient languid and right leg painful and neck stiff. Some improvement on admission but walked with right sided limp. Weakness and wasting right quadriceps and hamstrings. Discharged 7.10.52. Walking normally and with full range of movement.
L.K.	M	16 years	Admitted to Victoria Hospital 24.9.52 and transferred to Infectious Diseases Hospital the following day. Paresis of right leg. Discharged home well 31.10.52.
J.M.H.	M	37 years	Admitted Infectious Diseases Hospital 24.11.52. Unable to elevate left arm, and difficulty in getting from seated to standing position. Discharged home well 23.12.52.

A further case, a child aged 14 months, was of a mild nature and hospitalisation was not considered necessary.

Prevalence of Infectious Disease. The following tables give details of (1) cases of notifiable diseases recorded during the past twelve years, and (2) cases notified during 1952 classified according to age groups.

Disease	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Scarlet Fever	460	435	566	530	219	148	140	269	280	239	224	265
Whooping Cough	721	325	513	322	280	463	267	331	326	290	245	508
Diphtheria	179	114	81	56	95	44	44	39	25	9	—	—
Measles	1388	1646	913	1526	715	883	975	1586	1089	698	1756	1733
Pneumonia	125	186	99	70	23	21	21	23	31	16	43	35
Cerebro-spinal meningitis ...	134	114	18	12	4	8	5	13	5	3	1	5
Poliomyelitis	2	2	—	—	—	2	10	4	6	8	6	15
Polioencephalitis	—	—	—	—	—	—	2	—	2	—	—	—
Encephalitis lethargica ...	1	1	—	1	—	—	—	—	1	—	—	—
Dysentery	—	—	19	2	—	11	1	53	33	12	10	425
Ophthalmia Neonatorum	9	9	11	7	1	—	2	25	16	4	2	4
Puerperal Pyrexia	69	55	56	65	34	8	34	33	41	25	26	53
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	38	2	3	7	17	9	1	3	16	1	2	1
Food Poisoning			not recorded						44	66	8	14
Erysipelas	51	34	35	51	44	46	33	38	41	29	21	22
Pemphigus	21	30	28	5	—	—	1	11	—	—	—	1

DISEASES	Total notified	Admitted to Hospital	AGE PERIODS											
			CASES NOTIFIED											
			Under 1 year	1—2	3—4	5—9	10—14	15—24	25—35	36—45	46—65	Over 65 yrs.		
Scarlet Fever	265	172	—	14	61	160	17	6	4	1	2	—		
Whooping Cough	508	18	26	90	143	238	9	—	1	1	—	—		
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—		
Measles	1733	122	51	304	488	852	28	8	1	—	1	—		
Pneumonia	35	8	—	2	3	2	2	3	2	6	11	4		
Cerebro-spinal meningitis ...	5	5	2	1	—	1	—	1	—	—	—	—		
Polio-myelitis	15	14	—	2	1	2	2	5	2	1	—	—		
Polio-encephalitis	—	—	—	—	—	—	—	—	—	—	—	—		
Encephalitis Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—		
Dysentery	425	11	1	17	18	212	109	18	19	19	9	3		
Ophthalmia neonatorum	4	1	4	—	—	—	—	—	—	—	—	—		
Puerperal Pyrexia	53	8	—	—	—	—	—	24	15	14	—	—		
Enteric Fever	1	1	—	—	—	—	—	—	—	—	1	—		
Food Poisoning	14	1	—	—	2	1	—	3	3	1	4	—		
Erysipelas	22	11	—	—	—	—	—	1	—	2	11	8		
Pemphigus	1	1	—	—	—	—	—	—	—	—	1	—		

FOOD POISONING

Outbreaks. Four outbreaks of food poisoning occurred during the year. Details are given in the following table.

Cases Notified	Cases found to have had symptoms	Consumers at risk	Organisms or other agent responsible	Food involved
2	2	Not known	Salmonella typhi-murium	Not ascertained. The first case had attended conference at Torquay. Symptoms commenced day following return to Blackpool. Food causing illness may have been consumed at Torquay, at an hotel between Bristol and Gloucester or at Blackpool. M.O.H. at Torquay has made investigations without success. Nothing was consumed of significance at the meal en route home and no samples of the meal taken on arrival at home were available. The second case, the wife of the above, was found to be a positive case when routine specimens of contacts were taken. There is nothing to suggest that this case was a carrier and the original source of infection.
2	2	Not known	Salmonella thompson	It appears that the food causing illness was a pork pie purchased in Leeds and consumed en route to Blackpool. The M.O.H. at Leeds was informed but although there was rodent infestation and inadequate washing facilities at the premises where the pie was made, there was no evidence of food poisoning amongst the staff or customers of the shop.
2	2	Not known	Salmonella paratyphoid B (Vi-phage type 1)	Not ascertained. The first case was a child aged 21 months. Investigation of contacts revealed that the grandparent was a symptomless case and may have been the original source of infection. The domicile of both cases was a boardinghouse but investigation amongst the visitors staying there during the period of illness did not reveal any further cases. ...
3	3	Not known	Not ascertained	Not ascertained. The three cases were visitors to Blackpool. No other cases amongst staff or guests at the boardinghouse were revealed during the investigations.

Single Cases. Seven single cases occurred during 1952. In three instances the organism was isolated (one case of salmonella enteritidis and two of salmonella typhi-murium). Of the remaining four where the cause was unknown one died. The cause of death certified by the Coroner after inquest was "Misadventure—acute toxæmia due to acute fulminating food poisoning." No causative agent was revealed at the post mortem examination.

Sonne Dysentery. The outstanding feature during the year was the outbreak of sonne dysentery commencing on 17th October. On that date a request was received for an ambulance to convey a number of children who were ill at school to their respective Homes. This was the first official intimation the department had of diarrhoea and vomiting occurring in Blackpool. It had been known to the department that some cases occurred amongst the adult population during the four weeks prior to this date and general medical practitioners when approached on the subject admitted having occasional cases of "flu" and promised to notify any cases of interest. Unfortunately no notifications were received and consequently it was not possible to check whether these earlier cases were the same condition.

Once the diagnosis had been confirmed a circular letter was sent to all general practitioners requesting notification of any cases of diarrhoea and vomiting.

Following information from schools, an immediate check was made on all children who were absent and arrangements made for the collection of specimens. It was found that four schools were affected and these had been served with meals from the same kitchen. It was assumed that this was an attack of food poisoning distributed through the School Meals Service, and on Friday, 17th October, 1952, a check was made at the Central School Kitchen for any food handler with a

history of diarrhoea and vomiting or septic sores. These investigations proved negative. It was discovered, however, that the Central School Kitchen concerned had no hot water in the pipes due to a defect in the domestic gas boiler which had been out of action since March, 1952, also no system of sterilisation of food containers was installed as in the other central kitchens in Blackpool. The system employed in this kitchen was to pour boiling water from one container into about three others and then throw it away ; otherwise the standard of cleanliness in the kitchen was high and no exception could be taken to the methods of food handling employed. The staff had, only a short time previously, attended a series of lectures on the hygiene of food handling.

Results of specimens obtained on 17th and 18th October were not available until the evening of 19th October when it was discovered that the infecting organism was a *sonne bacillus*. Some of the children affected felt ill early on Friday morning and taking into consideration the incubation period of *sonne dysentery* it was thought that the meal most likely to be concerned was the lunch on 15th October. This consisted of cold ham and salad and cold custard flan. A school-teacher who had partaken only of the Wednesday's meal was taken ill. The only portion of this meal which could be recovered was the cold ham and negative results were obtained from a bacteriological examination.

On Monday, 19th October, a visit to the four schools showed a high incidence of absenteeism and arrangements were made for each absentee to be visited and specimens of faeces obtained. Faecal specimens were also obtained from the food servers of the various schools. Results from the food handlers of the central kitchen were negative after repeated specimens had been submitted. Three positives were found amongst the servers at the dining room of the school where the attack had first been reported ; one of these admitted feeling ill on 16th October. The food servers washed the utensils and containers at the schools after serving the meal. The containers when returned to the central kitchen were submitted to the process outlined above.

As information did not reach the department until Friday afternoon when the schools and kitchens were closing for the week-end, it was impossible to obtain full details until Monday morning after the outbreak had assumed large proportions. It was therefore difficult to be definite about the origin of this outbreak, but it is possible that a food server had contaminated some of the containers and the inadequate scalding process at the central kitchen had spread the infection to other containers. The containers when subsequently distributed to the schools may have disseminated the bacillus in the custard.

The several cases notified after the initial outbreak indicated the highly infectious nature of the condition but from the number notified who had no contact with schools or schoolchildren it would appear that the infection was probably present amongst the general population before the outbreak occurred in the schools. Although no foodstuffs were found to be infected it is presumed that the infection was, in fact, food borne.

All school-children and food handlers who gave a positive result were excluded from school and other places of occupation. Two negative specimens were insisted upon before affected persons were permitted to return to school or place of employment.

Up to the end of the year 422 suspected cases had been confirmed as positive after examination of faecal specimens.

Only two further cases were reported in the first two months of 1953 and by 20th March, 1953 it was felt that the outbreak could be considered closed.

A total of 1,035 suspected cases were investigated by the department and 2,469 faecal specimens submitted for pathological examination. 881 specimens gave a positive result.

Of the 424 positive cases recorded only 262 persons had school meals. Hospitalisation was considered necessary in eleven instances.

The following table classifies the positive cases by sexes into age groups.

Sex	0 —	5 —	10 —	15 —	25 —	45 —	65 —	Total
Males	24	94	78	10	10	2	1	219
Females	16	111	33	7	28	8	2	205
Totals	40	205	111	17	38	10	3	424

The explosive nature of the outbreak together with the rapid reduction in the positive cases recorded week by week is revealed by the following statement of positive cases classified according to week of onset.

<i>Week</i>	<i>Positive cases recorded</i>
October 11—18	191
October 19—25	127
October 26—1 November	31
November 2—8	7
November 9—15	14
November 16—22	21
November 23—29	10
November 30—6 December	8
December 7—13	7
December 14—20	4
December 21—27	—
December 28—3 January	2
January 4—10	1
January 11—17	—
January 18—24	—
January 25—31	—
February 1—8	1
	<hr/> 424 <hr/>

To conclude this note on the outbreak I should like to record my appreciation of the very satisfactory co-operation, which existed throughout all the enquiries, between this department and Dr. F. H. Yates, the Pathologist to the Blackpool and Fylde Hospital Management Committee.

TUBERCULOSIS

Incidence. During the year, 173 cases of tuberculosis were notified comprising 149 respiratory and 24 non-respiratory cases. Of these 127 (110 respiratory and 17 non-respiratory) were primary notifications. The remaining 46 supplementary notifications were made up as follows :

- 6 from Death returns from local Registrars.
- 3 Posthumous notifications.
- 35 Transfers from other areas.
- 1 from other sources.
- 1 from Death returns from Registrar General.

The following table classifies the notifications of tuberculosis during the year according to age groups.

Age Periods	Notifications			
	Respiratory		Non-Respiratory	
	Male	Female	Male	Female
0 —	—	—	—	—
1 —	—	2	—	—
2 —	2	1	—	—
5 —	4	5	1	1
10 —	—	2	1	—
15 —	—	6	3	1
20 —	8	9	1	3
25 —	13	11	4	—
35 —	21	8	3	1
45 —	23	3	—	3
55 —	13	5	—	1
65 —	8	3	—	—
75 —	—	2	1	—
Totals	92	57	14	10

The following table which summarises the notification register, shows the number of patients at the end of 1951, the fluctuation of patients during the year 1952 and the number remaining at the end.

Type and Sex of cases	Remaining on register 31.12.51.	Notific'ns (from all sources)	Died	Recovered	Transferred	Lost Trace	Altered Diagnosis	Remaining on register 31.12.52
Respiratory M	312	92	25	19	21	6	5	328
Tuberculosis F	229	57	11	9	20	3	1	242
Non-Respiratory M	58	14	3	3	2	2	2	60
Tuberculosis F	57	11	1	3	—	3	2	59
Totals ...	656	174	40	34	43	14	10	689

It should be observed that the deaths shown in the above table are the total number of deaths of persons on the register and is not necessarily those whose death was classified as attributable to tuberculosis.

Mortality. The number of deaths during 1952, which according to the Registrar General were attributable to tuberculosis, was 44 (38 respiratory and 6 non-respiratory). This figure includes 3 persons who had not previously been notified as suffering from the disease.

Chest Clinic. This clinic, administered by the Blackpool and Fylde Hospital Management Committee, is held at the Municipal Health Centre at the following times :

Monday 2— 4 p.m. New adult patients.

Tuesday 9—10 a.m. Refill clinic.

2— 4 p.m. Former patients, by appointment.

Wednesday 9—11 a.m. Children's Clinic.

Thursday 2— 4 p.m. Former patients, by appointment.

Friday 10—11 a.m. Refill clinic.

2— 4 p.m. Special review of patients by appointment.

VENEREAL DISEASES

The Venereal Diseases Clinic is located at the rear of the Municipal Health Centre and sessions are held at the following times :

<i>Males</i>		<i>Females</i>	
Monday	4.45—6.30 p.m.	Tuesday	5—6.30 p.m.
Wednesday	11 a.m.—12.30 p.m.	Friday	11 a.m.—12.30 p.m.
Thursday	4.45—6.30 p.m.		
Saturday	11 a.m.—12.30 p.m.		

To bring the clinic facilities to the notice of the public, small notices have been placed in all the Public Lavatories, Railway Stations and the larger licensed premises in the Borough, stating the location of the clinic and hours of attendance.

I am indebted to the Secretary of the Blackpool and Fylde Hospital Management for the following details :

	Syphilis		Gonorrhoea		Other conditions		Totals		
	M	F	M	F	M	F	M	F	Total
Number of patients on 1st January, 1952, under treatment or observation	106	129	23	3	31	9	160	141	301
Number of patients removed from the register during any previous year which returned during 1952 for treatment or observation or the same condition	1	3	—	1	—	—	1	4	5
Number of patients dealt with for the first time during 1952 (excluding those transferred from other Centres, etc.)	17	15	95	20	213	89	325	124	449
Number of patients dealt with for the first time who have been transferred from other Centres (civil or service) or from practitioners approved under Ministry of Health Circular 2226	5	5	4	3	3	2	12	10	22
Number of patients suffering from syphilis and gonorrhoea discharged after completion of treatment and final test of cure, or who were diagnosed as "other conditions"	26	30	56	19	222	90	304	139	443
Number of defaulters and <i>known</i> deaths	19	24	26	1	—	—	45	25	70
Number of patients transferred to other Centres or Institutions or approved practitioners	12	13	22	1	2	1	36	15	51
Number of patients remaining under treatment or observation on 31st December, 1952	72	85	18	6	23	9	113	100	213

GENERAL PROVISION OF HEALTH SERVICES

Medical Examinations. All entrants to the municipal service in the borough are medically examined at the Health Centre and a certificate of fitness or otherwise is forwarded to the department concerned. Other medical examinations are carried out, e.g. to ascertain if a person should be retired on medical grounds, because of prolonged absence from duty, and examinations on behalf of other authorities for which a charge is made. A total of 640 examinations were carried out during the year.

Cremations. 2,240 cremations at the Blackpool Crematorium were authorised during the year. This is a reduction of 228 on the previous year.

Light Treatment, Exercise and Massage Clinic. This clinic is located at the Municipal Health Centre and is staffed by two physiotherapists. It is open from 9 a.m. to 5 p.m. Monday to Friday and from 9 a.m. to 12 noon on Saturday.

The solarium provides facilities for children attending the infant welfare clinics found to be under-developed and/or debilitated. Individual cubicles are reserved for mothers and children requiring special treatment.

Instruction in ante-natal exercises is given at clinics held at the Health Centre and at Bispham Clinic. Tonic treatment, corrective exercises and massage are also available for those attending the ante and post natal clinics. Remedial and corrective exercises are a comparatively new feature and have only been fully developed during the past three years or so.

Facilities for artificial sunlight, radiant heat and exercises were extended to Bispham clinic in 1951 and I should like to see a further extension of these services to the clinics at Layton and at Hawes Side Lane. Initially, however, the extension has been confined to instruction in ante-natal exercises which will be given at both these clinics as from the beginning of 1953.

The following table summarises the work at the clinics during the year under review :

Treatment	Expectant and Nursing Mothers				Children under 5 years				Schoolehildren				Tuberculosis Cases				Miscellaneous			
	Cases		Attend-dances		Cases		Attend-dances		Cases		Attend-dances		Cases		Attend-dances		Cases		Attend-dances	
	Municipal Health Centre Clinic	Bispham Clinic	Municipal Health Centre Clinic	Bispham Clinic	Municipal Health Centre Clinic	Bispham Clinic	Municipal Health Centre Clinic	Bispham Clinic	Municipal Health Centre Clinic	Bispham Clinic	Municipal Health Centre Clinic	Bispham Clinic	Municipal Health Centre Clinic	Bispham Clinic	Municipal Health Centre Clinic	Bispham Clinic	Municipal Health Centre Clinic	Bispham Clinic	Municipal Health Centre Clinic	Bispham Clinic
Artificial Sunlight	614	89	4727	778	334	142	2500	1396	680	—	7383	—	—	—	—	—	18	—	176	—
Exercises ...	241	41	1135	178	48	48	422	377	57	—	549	—	—	—	—	—	5	—	17	—
Radiant Heat ...	2	—	16	—	—	—	—	—	6	—	61	—	—	—	—	—	5	—	45	—
Massage ...	—	—	—	—	49	29	369	277	2	—	24	—	—	—	—	—	*	—	*	—
Kromayer ...	—	—	—	—	—	—	—	—	—	—	—	—	12	—	105	—	—	—	—	—

* Included in "Exercises."

Birth Control Clinic. This is not a family planning clinic ; advice is not given on purely economic grounds and women are only seen if recommended to attend by their medical practitioner and present a medical certificate to that effect. The recommendations in Ministry of Health memorandum 153/MCW (July, 1930) and circulars 1208 (July, 1931) and 1408 (May, 1934) on Birth Control are strictly followed, i.e. clinics are to be available only for women who are in need of medical advice and treatment for gynaecological conditions, and advice on contraceptive methods is to be given only to married women who attend the clinics for such medical advice or treatment, and in whose cases pregnancy would be detrimental to health. What is, or what is not, detrimental to health is decided by the medical officer at the clinic and advice is given to married women suffering from sickness, physical or mental, other than gynaecological conditions providing childbirth would be detrimental to their health.

One session of this clinic is held each week at the Municipal Health Centre and during the year 149 patients were advised. Of these 70 were new patients and in all 455 attendances at the clinic were made.

Child Life Protection and Adoption of Children. An arrangement exists between the Health Committee and the Children's Committee whereby the Health Visitors of this department visit foster children under the age of five years. A consolidated report on these visits is submitted by the Maternity and Child Welfare Medical Officer to the Boarding-Out Sub-Committee of the Children's Committee.

The Health Visitors also visit the homes of persons wishing to adopt children and individual reports are forwarded to the Children's Officer. 105 visits were made for this purpose and in addition 161 visits were made to prospective foster parents.

Routine medical inspections of the children resident in the Residential Nursery at 214 Whitegate Drive and the Grundy Home in Stony Hill Avenue, and medical examinations of all children admitted to and discharged from these homes are carried out by the Maternity and Child Welfare Medical Officer.

Nurseries and Child Minders (Regulations) Act, 1948. At the end of the year under review two daily minders providing for five children were registered with the Local Authority.

NATIONAL ASSISTANCE ACT, 1948—1951.

Section 1(3) of the National Assistance (Amendment) Act, 1951, was invoked on one occasion during the year when the Deputy Medical Officer of Health and a local general medical practitioner gave a joint certificate to support an application for the removal of a female aged 80 years. The circumstances necessitating her removal to hospital were that she was suffering from a grave chronic disease, was aged, infirm and physically incapacitated, living in insanitary conditions, unable to devote to herself and not receiving from other persons, proper care and attention. The patient was admitted to Wesham Park Hospital on 29th February, 1952, for a period of three weeks after which time the case was to be taken to court for an Order to be made extending the period of detention for three months. Unfortunately, the patient died on 20th March, 1952, the day before the case was to be heard at Court.

REGISTRATION OF NURSING HOMES

One nursing home closed during the year and as at 31st December, 1952 there were six nursing homes operating in the borough. Details of these, together with accommodation, are given below.

Address	Beds	
	Maternity	Others
Central Nursing Home, 230, Hornby Road ...	—	12
Sunnyside Nursing Home, 420, Lytham Road ...	—	4
Cloverley Nursing Home, 160, Reads Avenue ...	6	4
Convent of Our Lady of Wisdom, 575, Lytham Road	—	23
Glenfell Nursing Home, 308, St. Annes Road ...	—	2
Ascot Nursing Home, 13, Luton Road ...	—	12
TOTAL ..	6	57

Seven visits of inspection to registered nursing homes were made by the Maternity and Child Welfare Medical Officer and the Superintendent Nursing Officer. Such minor faults as were noticed were remedied by the nursing homes without the department having to take action under the Public Health Acts.

MIDWIVES ACTS, 1902-1951

Inspection of Registered Midwives. At the end of the year under review eight midwives were in private practice in the borough—four of these were employed in nursing homes. The midwives in domiciliary practice are visited periodically by the Non-Medical Supervisor of Midwives and at this visit bags, appliances and registers are examined. Six such visits were made in 1951. Those midwives employed in nursing homes are seen on the routine inspection of these homes.

Medical Aid under Section 14(1) of the Midwives Act, 1951. Medical aid was summoned by midwives in 103 instances. In seven cases the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service. It was not found necessary to summon aid for any institutional patients.

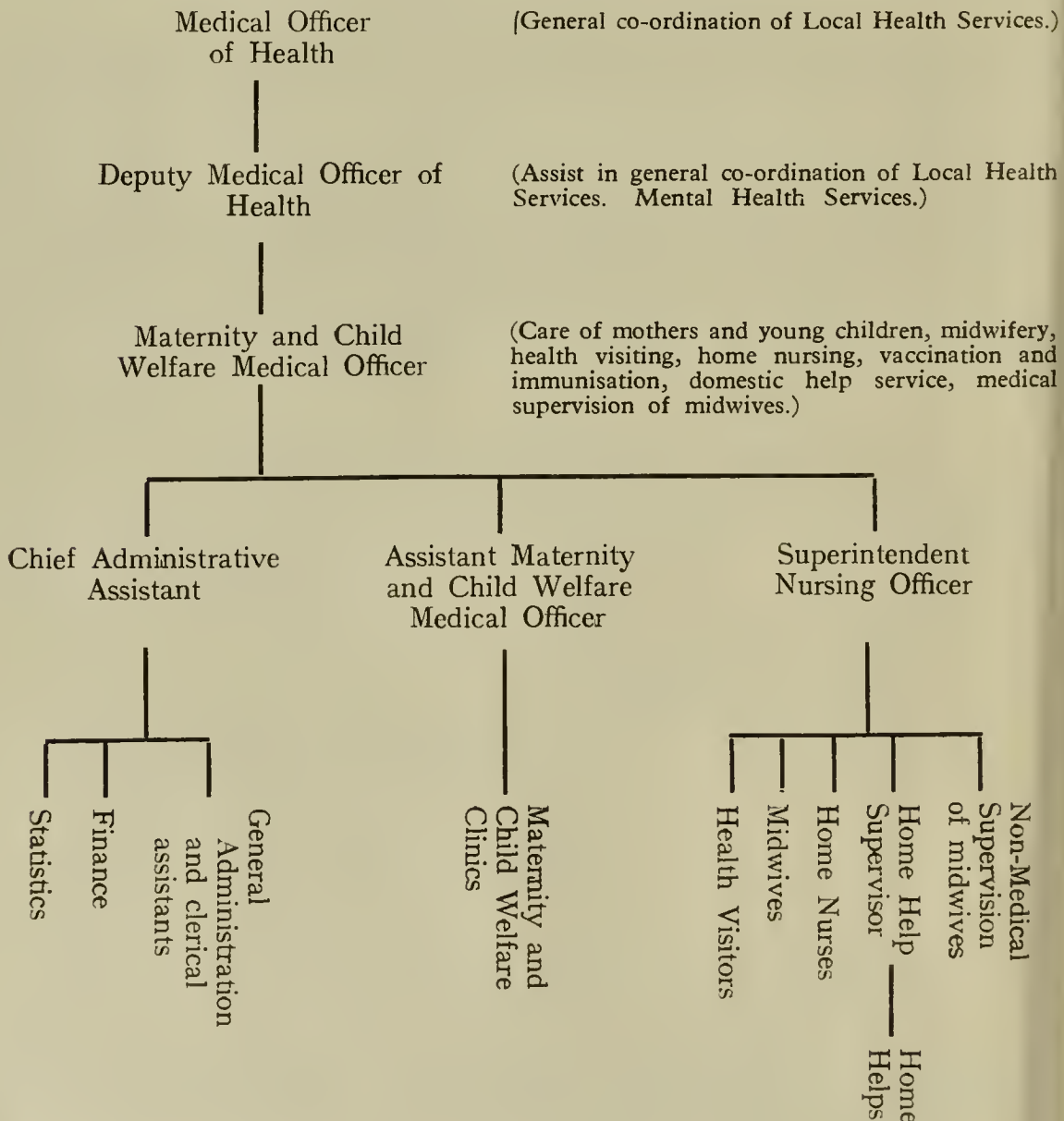
Administration of Analgesics. Twenty-three midwives in practice in the Borough are qualified to administer analgesia in accordance with the requirements of the Central Midwives' Board. Five of the midwives are in the service of this Authority, one in private domiciliary practice and seventeen in hospitals in the National Health Service.

SPECIAL SURVEY OF LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS.

Administration. In accordance with the provisions of Part II of the 4th Schedule to the 1946 Act the local health authority appointed a Health Committee, consisting of twenty-four council members and twelve non-council members selected as representatives of the various health and medical services in the borough.

To facilitate the administration of particular aspects of the service various sub-committees have been formed, i.e. Mental Health Sub-Committee, Care Sub-Committee, Joint Sub-Committee (re Dental Treatment) and a Special Sub-Committee to investigate abuses of the ambulance service and consider ways of overcoming them.

The following table sets out the internal organisation of the Health Department so far as the National Health Service is concerned :



At the end of 1952 the number of staff employed wholly or partly on the local health services provided under the National Health Service Acts was as follows :

Medical	...	...	...	...	4
Nursing :					
Superintendent		...	...	...	1
Health Visitors	...	...	...	...	12
Midwives	...	...	...	...	5
Home Nurses	...	...	...	...	14
Duly Authorised Officers	...	...	...	...	2
Mental Health Worker	...	...	...	...	1
Home Help Supervisor	...	...	...	...	1
Home Helps	...	...	...	...	} 15 full-time 6 part-time
Physiotherapists	...	...	...	...
Administrative and clerical	...	...	...	...	21

Co-ordination and co-operation with other parts of the National Health Service. There is no special organisation for co-ordination of the Health Services such as a joint committee but in many ways there is a reasonably close link between the Local Health Authority and the other branches of the National Health Service. With a view to securing this link with the other services, the Local Health Authority, when constituting the Health Committee, made provision for representation from these services as follows :

British Medical Association (Blackpool and Fylde Division)	...	2 members
Blackpool and Fylde Hospital Management Committee	...	2 members
Local Executive Council	...	2 members
Local Dental Committee	...	1 member

In addition to the above, two members are nominated by the Education Committee, and three women members representative of voluntary organisations and a gynaecologist nominated by the corporate members of the Health Committee.

Members of the Health Committee serve on various voluntary bodies whose functions are linked with the National Health Service.

The Medical Officer of Health has been appointed to various local bodies, e.g. Blackpool and Fylde Hospital Management Committee, Local Executive Council, Local Medical Committee, Local Obstetric Committee and the Regional Liaison Committee. By arrangement between the Local Health Authority and the Regional Hospital Board the Medical Officer of Health has, since the "appointed day" remained in clinical charge of the local infectious diseases hospital. He is therefore in the position of acting as a liaison between the local health authority and the other Health Services, a position which has been found extremely helpful even though he has no official standing as a co-ordinating officer.

The Deputy Medical Officer of Health in relation to his mental health work is in close touch with the visiting psychiatrist at the local hospital ; similarly the Maternity and Child Welfare Medical Officer keeps in touch with the Pediatrician, the Obstetrician and the Gynaecologist.

The Ante-Natal clinics and also the Post-Natal clinic held at the Municipal Health Centre are run in conjunction with the local maternity hospital. At the Ante-Natal clinics the Resident Medical Officer and midwives from the hospital together with Health Visitors of this Authority are in attendance. Copies of ante-natal records and x-ray films are passed to the maternity hospital to be available when the patient is admitted for confinement. Copies of the hospital records are also available when the mother attends the post-natal clinic. The post-natal clinic is conducted by the Resident Medical Officer together with local authority staff. This medical Officer also attends Infant Welfare session held at Hawes

Side Lane clinic on Wednesday. The Booking Clinic for the Maternity Hospital is held at the Health Centre and is conducted by the Consultant Obstetrician to the Hospital Management Committee. Two health visitors from this department are also in attendance.

Health Visitors may, if they wish, visit in hospital the mothers of premature infants and recommend that the baby be retained in hospital for a longer period than usual where the home conditions are unsatisfactory. Consideration is also being given to the suggestion that Health Visitors should attend pediatric out-patient clinics at the local hospital and accompany the Pediatrician during his ward visits.

In view of the changed policy regarding admissions to maternity accommodation those cases where no medical or obstetrical reason necessitates admission to the maternity hospital are referred to this department for a report on the home conditions. The report is prepared by the district midwife; if home conditions are not satisfactory the case is booked for institutional confinement, otherwise the midwife takes the case for home confinement.

Home Nurses and Home Helps are available on request by general medical practitioners for patients undergoing treatment at home. Fuller details of these services are given later in this report.

Effective co-operation depends largely on the individual persons concerned rather than on official arrangements and therefore might alter with changing personnel. Closer liaison would, no doubt, be obtained if medical staff held clinical appointments in the other services. One of the difficulties of such a scheme is the shortage of staff.

Up to the present time a guide to Local Health Services has not been issued. The question of publishing such a guide has been considered but deferred temporarily on grounds of economy. Valuable publicity for the Health Services has been secured through a series of articles appearing from time to time in the local press and the dissemination of information on the department's activities through the nursing staff, particularly the health visitors. Local general medical practitioners have been fully acquainted of the services provided by the Local Health Authority mainly through the medium of circular letters. Further, where their co-operation is required on a particular point or where certain information is desired they are contacted in similar manner.

Joint use of Staff. This subject has to a large extent been dealt with under the previous heading but mention may be made of the joint use of staff at the Chest Clinics run by the local hospital management committee. This Authority pays part of the salary of one Chest Physician—this payment is in respect of the time devoted to the Local Health Authority's tuberculosis after-care services. The three health visitors who are seconded to tuberculosis duties attend at the various sessions of the chest clinic. The Regional Hospital Board makes a contribution equal to the salary of one health visitor. At the outset of the health service it was felt desirable that the domiciliary visiting of cases and personal contact with them at clinics should be by the same group of nurses; at the same time an effective liaison between the hospital service and the local authority service is assured.

No work has been done by general medical practitioners for the local health authority on a part-time basis during the year. It will probably be necessary, to cover all the clinics envisaged for the future, to employ further medical help and it has been suggested that general practitioners should be approached to carry out this work on a sessional basis. The work would mainly be in the infant welfare clinics.

Voluntary Organisations. Institutional accommodation where the unmarried woman may have her confinement is arranged, on behalf of this Authority, by the Fylde House of Help and the Lancaster Diocesan Protection and Rescue Society. An annual grant is made to these bodies and in addition maintenance charges in respect of Blackpool girls are paid. The work of these voluntary bodies is dealt with later in this report under the headings of Mother and Baby Homes and Illegitimate Children.

The mothers attending the various clinic centres have, at each centre, been encouraged to form a committee to arrange social and other activities. Sewing classes are held weekly at each centre, talks (sometimes with the aid of film strips) are given by medical and nursing staff, social events are arranged from time to time to raise funds for Christmas parties for the mothers and children, and members of the committee attend each clinic on rota to dispense refreshments.

CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Clinics. The following clinic centres were operating in the Borough at the end of the year under review :

Municipal Health Centre, Whitegate Drive, Blackpool.

Bispham Clinic, junction of Bispham Road and Devonshire Road, Blackpool.

Layton Clinic, St. Walburga's Road, Blackpool.

South Shore Clinic, Hawes Side Lane, Blackpool.

The centre at Layton was formerly held in a church hall in Westcliffe Drive. The area served by this centre included the new housing estate at Grange Park and it was obvious that if there was to be any expansion in the clinic facilities for the area, permanent premises would have to be secured. The premises are sited on the fringe of the housing estate and are centrally placed for the area served. The official opening was on 5th December, 1952 but clinics had been held for the previous two weeks.

Clinic sessions are held as follows :

Monday	9.30 a.m.	Ante-Natal Special Clinic, Municipal Health Centre (cases referred from Ante-Natal Clinics by doctors.)
	2.00 p.m.	Ante-Natal Clinic, Municipal Health Centre.
	2.00 p.m.	Infant Welfare Clinic, Hawes Side Lane.
	2.00 p.m.	Infant Welfare Clinic, Bispham.
Tuesday	9.30 a.m.	Ante-Natal and Post-Natal Exercises, Municipal Health Centre.
	2.00 p.m.	Infant Welfare Clinic, Municipal Health Centre.
Wednesday	9.00 a.m.	Ante-Natal Clinic, Hawes Side Lane.
	9.00 a.m.	Ante-Natal Clinic, Municipal Health Centre.
	2.00 p.m.	Infant Welfare Clinic, Hawes Side Lane.
	2.00 p.m.	Infant Welfare Clinic, Layton.
	2.00 p.m.	Ante-Natal Clinic, Bispham.
	2.00 p.m.	Ante-Natal and Post-Natal Exercises, Municipal Health Centre.
Thursday	2.00 p.m.	Post-Natal Clinic, Municipal Health Centre.
	2.00 p.m.	Infant Welfare Clinic, Municipal Health Centre.
	2.00 p.m.	Ante-Natal Clinic, Layton.
Friday	9.00 a.m.	Ante-Natal Booking Clinic, Municipal Health Centre.
	9.30 a.m.	Ante-Natal Special Clinic, Municipal Health Centre (cases referred from Ante-Natal Clinics by doctors.)
	2.00 p.m.	Ante-Natal Clinic, Hawes Side Lane.
	2.00 p.m.	Infant Welfare Clinic, Bispham.

Ante-Natal Services. Six ante-natal sessions are held weekly. These centres provide ante-natal care for :

- (a) Mothers to be confined at Glenroyd Maternity Hospital (60 beds).
- (b) Domiciliary midwifery cases.
- (c) Occasional private nursing home cases.
- (d) Some domiciliary maternity cases where the doctor concerned wishes the patient to attend.

A medical officer, two health visitors, a midwife and a pupil midwife (when district duties allow) and a clerk are present at each session.

All cases wishing to book for confinement at Glenroyd Maternity Hospital are seen by the Consultant Obstetrician at a special booking clinic held at the Municipal Health Centre each week. All primi gravidae are booked. Other cases are assessed as to their medical and obstetrical needs, and a list of those considered suitable for home confinement is sent to this department. These are visited by the midwife, who, if she feels the home conditions are satisfactory, books the case for home confinement. A report is submitted to the maternity hospital and those cases not considered to be suitable for home confinement are allocated a bed in the hospital. During the year 344 cases were investigated.

All expectant mothers attending the ante-natal clinics receive regular medical and obstetrical supervision, including routine blood pressure readings and urine testing and weighing. Blood is taken at the first visit to the ante-natal clinic and the A.B.O. and Rhesus grouping and haemoglobin estimation determined at the Victoria Hospital Pathological Laboratory. A further sample of blood is sent to the laboratory for re-testing for antibodies at the 36th week of pregnancy where the expectant mother is found to be rhesus negative. Repeat haemoglobin estimations, to determine response to treatment, are done where required. 1,396 samples of blood were sent for examination during the year.

No assistance is given to general practitioners holding clinics at their own premises, although this has been discussed.

Unmarried mothers attending the clinics are questioned as to their arrangements for confinement and for the care of the baby and such help and advice as is considered appropriate to the particular case given.

Instructions in the use of gas and air analgesia is given to expectant mothers.

A film strip projector and some useful films are available. A layette and doll is available for demonstration purposes at each centre, and mothers seem to be very interested.

The present ante-natal arrangements are reasonably satisfactory but could be improved by a reduction in the number of cases attending individual sessions by the institution of additional sessions. This can only be done when it is possible to have an increase of staff, both medical and nursing. More health education by group teaching is also desirable but again this is made difficult by staff shortages. It is hoped to improve the situation as soon as possible.

The establishment of an ante-natal clinic at Mereside Estate is highly desirable, but not likely to be possible in the near future owing to lack of suitable clinic premises.

Attendances at clinic during the year were as follows :—

	Municipal Health Centre	Bispham	Hawes Side	Layton	Total
First visits	407	171	303	153	1124
Total visits	3888	1363	2713	1188	9152
Number of women who attended during the year	727	238	425	211	1601
Number of clinic sessions per week	2	1	2	1	6

ANTE-NATAL SPECIAL CLINIC

Patients who attend ante-natal clinics and complain of abnormal discharges are referred to the Ante-Natal Special Clinic held twice weekly at the Municipal Health Centre.

The infecting organism is investigated in each case, specimens being sent to the Victoria Hospital Pathological Laboratory and treatment is carried out as indicated. 42 women attended the clinic during the year and in all there were 187 attendances.

Post-Natal Services. Post-Natal clinics are held weekly at the Municipal Health Centre. It is proposed in 1953 to hold one every three weeks at the outside centres in the hope that attendances will be improved. Should it be necessary, the establishment of a weekly session at the outside centres will have to be considered.

An assessment of the mother's general health is made at her visit to the clinic, taking into account her health prior to confinement and the type of delivery she has had. Any degree of anaemia is noted and treated. A pelvic examination is made and any abnormality found, treated or referred to the Consultant Gynaecologist as required.

A medical officer, midwife and a clerk are in attendance at each clinic. 547 women attended for the first time during 1952. The total number who attended the clinic was 570 and in all 846 attendances were made.

Child Welfare Services. Seven sessions of the Infant Welfare Clinic are held weekly, and are very well attended. The mother brings her infant as soon as she feels well enough to do so. Advice on the general care and feeding of the baby is given. The progress and development of the child, mentally and physically, is watched, and where necessary the advice of the clinic Medical Officer is sought for the child by the Health Visitor or requested by the mother.

At each session of the clinic a medical officer, two health visitors, a midwife if possible, usually a pupil midwife, and two clerks are in attendance.

Pediatric consultant advice is obtained by referring the child to the Consultant Pediatrician at the Victoria Hospital.

The number of attendances at each clinic is far too high to allow adequate attention to be given to each individual mother and child. To improve the service a reduction of attendances per session is necessary and how this may best be done is at present under consideration. The most obvious solution is, of course, the institution of extra sessions, but with present staff this is not possible. During the coming year it is hoped to get substantial increases in staff.

The following table shows the attendances at the various centres during 1952

	Municipal Health Centre	Bispham	Hawes Side	Layton	Total
Children under 1 year :					
First visits	514	261	381	174	1330
Total visits	6461	4582	5821	2794	19658
Children 1—5 years :					
Total visits	1746	2132	1981	901	6760
Number of children who attended clinic during the year	1095	841	911	437	3284
Number of children in attendance at the end of the year who were then :					
Under 1 year of age	303	204	262	131	900
Between 1 and 5 years of age	237	269	229	105	840
Number of sessions per week	2	2	2	1	7

Supply of Dried Milks, etc. Accommodation is provided at each centre for a representative of the local Food Office to issue National Dried Milk, Orange Juice, Cod Liver Oil and Vitamin Tablets at each ante-natal and infant welfare session.

Various proprietary brands of dried milks, strained foods, baby cereals and vitamin preparations are on sale at the centres, by this department. These items are supplied free of charge or at less than cost price on grounds of financial hardship.

Care of Premature Infants. To ensure that all facilities are available for the care of premature babies, the following arrangements have been made :—

- (a) In the case of babies born in the Maternity Hospital or a Nursing Home, the residence of the parents is visited by the Health Visitor prior to discharge. She ensures that the conditions to which the baby will return are satisfactory, that there are adequate heating arrangements and that a suitable cot and sufficient clothing are available. Special equipment, where necessary, is provided by this department. The Health Visitor may, if she wishes, visit the mother in hospital and may also recommend that the baby be detained in hospital for a longer period than usual where the home conditions are not satisfactory.
- (b) The birth of a premature baby at home is reported by the midwife to the Superintendent Nursing Officer who discusses with the midwife the care of the baby and, if necessary, visits the home. The following equipment is supplied to the midwife and kept by her :

Hot water bottle and covers.

Gamgee hood.

Belcroy feeders.

Wall thermometer.

Cots and blankets are available on request.

A heated ambulance is available for the transfer of premature babies to hospital where found necessary.

Details of premature births in the borough after correction for transfers are given below :

(i) Premature infants (i.e. $5\frac{1}{2}$ lbs. or less at birth, irrespective of period of gestation) :—

(a) Total number of premature live births	...	...	120
(b) Number of premature live births at home	...	...	16
(c) Number of premature live births in private nursing homes	...	...	3

(ii) Premature stillbirths (i.e. $5\frac{1}{2}$ lbs. or less, irrespective of period of gestation) :—

(a) Total number of premature stillbirths	...	...	28
(b) Number of premature stillbirths at home	...	...	3
(c) Number of premature stillbirths in private nursing homes	...	...	—

	Births at home							Births in private nursing homes							Births in Hospitals in the National Health Service						
	Premature still births	Premature live births					Transferred to Hospital	Premature still births	Premature live births					Transferred to Hospital	Premature still births	Premature live births					
		Nursed entirely at home				Total			Nursed entirely at home				Total			Nursed entirely in Hospital				Total	
		Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days				Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days				Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days		
2 lb. 3 oz. or less ..	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—	—	1	4		
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. ..	2	—	—	—	—	—	—	—	—	—	—	—	—	7	4	2	1	3	10		
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. ..	1	—	—	—	—	1	—	—	—	—	—	—	—	8	1	3	—	9	13		
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ..	—	—	—	—	3	3	—	—	—	—	—	—	—	1	1	—	1	22	24		
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ..	—	—	—	—	12	12	—	—	—	—	—	3	3	—	6	—	1	—	49	50	
Totals	3	—	—	—	15	15	1	—	—	—	—	3	3	—	25	9	6	2	84	101	

Ante-Natal and Relaxation Exercises. The physiotherapists hold classes for ante-natal and relaxation exercises at two centres. Patients from the remaining two centres attend at the central clinic. Attendances have been reasonably good and the mothers appreciate the exercises and instruction given to them.

The fact that the expectant mother has attended these classes is communicated to the Maternity Hospital or to the domiciliary midwife in order that the midwife attending the confinement may be able to treat the patient accordingly. The midwives from the maternity hospital and the municipal midwives have attended special demonstration sessions so that they are acquainted with the instruction given to the expectant mothers by the physiotherapists. The observations of the midwife taking the confinement are communicated to the physiotherapists and an endeavour is being made to assess the value of these exercises.

In 1953 classes will commence at the remaining two centres as it is felt that the mothers would attend better at their own centres.

Dental Care. This Authority's proposals under Section 22 of the National Health Service Act, 1946, provided for the establishment of a Dental Clinic at the Municipal Health Centre. Subsequent to the proposals being approved plans were drawn up for the alteration of certain existing premises to provide for two dental surgeries, recovery rooms, dental laboratory and the necessary waiting rooms and ancillaries.

Unfortunately it was not possible to implement these proposals for financial reasons, i.e. cost of structural alterations to premises, and the virtual impossibility of obtaining dental staff. The Minister of Health agreed to a temporary deferment of the proposals until the staffing position became easier. It is now felt that the time has arrived to fully implement the proposals and provision has been made in this department's financial estimates to cover a dental service for expectant and nursing mothers and young children in the next financial year.

Day Nurseries. At the commencement of the year under review three day nurseries were in operation. Owing to the number of children on the register having been considerably reduced, this Authority made representations to the Minister of Health for permission to close the nursery in Lostock Gardens. This permission was granted and the nursery closed down on 12th July, 1952. It is the opinion of this Authority that these nurseries should not be available to all and sundry but should be restricted to certain priority classes where the mother is obliged to seek employment or where the mother is incapacitated and cannot care for the child. These priority classes are :

- (i) Unmarried mothers.
- (ii) Widows.
- (iii) Mothers not living with, or supported by their husbands and not in receipt of a separation, or similar, allowance.
- (iv) Mothers whose husbands are incapacitated by reason of ill-health or are themselves similarly incapacitated.
- (v) Mothers whose husbands are serving in H.M. Forces.

The table below indicates the position at the nurseries as at 31st December, 1952. In view of the small numbers in attendance at the nurseries it is felt that one day nursery could cope with the existing priority cases and accordingly proposals have been submitted to the Minister of Health for the closure of the nursery at Claremont Park.

Address of Nursery	Number of approved places		Number of children on register at the end of the year		Average daily attendance during the year (includes the Nursery closed 12.7.52)	
	0 — 2	2 — 5	0 — 2	2 — 5	0 — 2	2 — 5
Caunce Street, Blackpool	20	30	5	15	10	45
Claremont Park, Blackpool	20	30	6	13		

Mother and Baby Homes. The Fylde House of Help arranges accommodation, and the Lancaster Diocesan Protection and Rescue Society maintains a home, where the unmarried woman may have her confinement and where the child may be kept temporarily until it is adopted or the mother is discharged with the child. An annual grant is made by this Authority to these bodies and in addition maintenance fees incurred in respect of Blackpool patients are also met. Five women for whom this Authority was responsible were admitted to homes in 1952 under arrangements made by the above bodies.

Illegitimate Children. The majority of the social work in Blackpool connected with the unmarried mother and her child is carried on by the Fylde House of Help and the Lancaster Diocesan Protection and Rescue Society. The above associations together with the Health Visitors of this department adequately cover this aspect of the social services and it has not been considered necessary to appoint a Social Worker for the purpose of Circular 2866.

DOMICILIARY MIDWIFERY

Five midwives are employed by this Authority for attendance on those women who are to have their confinement at home. During the year they attended 192 cases as midwives and 179 as maternity nurses. This is an increase of 122 on the previous year and is, no doubt, the result of the Ministry of Health new policy regarding admissions to maternity accommodation under the National Health Service.

Routine inspections are carried out by the non-medical supervisor of midwives (the Superintendent Nursing Officer) who consults with the medical supervisor of midwives weekly, and at other times, when clinical problems arise, or action has to be taken to prevent spread of infection.

All midwives are trained in the use of Gas and Air Analgesia, and are provided with Pethedine Hydrochloride for use in midwifery cases. The midwife gives instructions in the use of the gas and air analgesia machine to expectant mothers attending the ante-natal clinics.

Midwives carry out ante-natal supervision of their cases by regular visits to the homes, and they also see their patients at ante-natal clinics. They are encouraged to be present when the clinic medical officer carries out an examination.

The General Practitioner is notified by the midwife when she books a case for confinement.

Medical aid is sought, if required, from the patient's own doctor if he is undertaking maternity medical services, or if not from a general practitioner obstetrician.

In cases booked by the doctor for maternity medical services, the midwife notifies him of the onset of labour unless he has indicated that he only wishes to be called if required.

With regard to the arrangement for selecting cases for hospital or home confinement, see under "Ante-Natal Services."

One midwife is sent each year to a post-graduate course organised by the Royal College of Midwives.

All the midwives are approved as Teachers by the Central Midwives Board and pupils are sent out from Glenroyd Maternity Hospital, which is a Part 2 Training School for District Training. The pupils reside at the Midwives' homes.

Patients booked for domiciliary confinement may obtain maternity packs on application at the Municipal Health Centre any time after the seventh month of pregnancy. Each midwife keeps two such packs at her home for use in emergencies. A pack is also carried in the ambulances when called to maternity cases.

Each of the five municipal midwives is in possession of a Minnitt Gas and Air apparatus and during the year analgesia was administered in 197 cases. Details of these cases are given in the table below :

		Received relief		Received a fair amount of relief		Received no relief	
		Prima-gravida	Multi-gravida	Prima-gravida	Multi-gravida	Prima-gravida	Multi-gravida
Received Ante-Natal instruction in the use of Gas and Air Analgesia	Yes	22	91	5	10	1	—
	No	9	49	3	6	—	1
Attended for Ante-Natal Exercises	Yes	15	30	5	4	—	—
	No	16	104	3	12	1	1
Other Drugs Administered	Yes	28	124	7	15	1*	—
	No	3	16	1	1	—	—
Stage of Labour at which Analgesia commenced	1st	29	125	7	16	1	1
	2nd	2	14	1	—	—	—
	3rd	—	1	—	—	—	—

*In this case Trilene was also administered.

HEALTH VISITING

Twelve nurses are at present employed on Health Visiting duties. One health visitor retired during the year and it has not, as yet, been able to obtain a replacement.

Eight nurses are employed mainly on maternity and child welfare work, and their duties include :

- Routine home visiting of expectant mothers and children under 5 years.
- Special visits to problem cases.
- Supervision of child life protection cases for the Children's Department.
- Visits to old people when requested, usually for the purpose of ascertaining suitability for admission to hospital.
- Attendance at ante-natal and infant welfare clinics.

Two nurses are employed as visitors to cases of infectious disease. They also staff Immunisation and Vaccination sessions and attend at medical examinations of Corporation employees.

Three visitors are seconded to tuberculosis duties, and apart from domiciliary visiting of tuberculosis patients and contacts, they attend the various sessions of the local chest clinic.

The number of maternity and child welfare visiting staff is inadequate to carry out satisfactorily the work on which they are at present engaged. It is impossible to extend their duties to include routine advice to all the family and this part of the work is at present limited to special cases.

More time should be given to Health Education and advice by the health visitors if the child welfare clinics are to completely fill their function. Unfortunately their time is often largely taken up with routine work. This problem is being considered with a view to giving them more time for educational work and in addition to clinic nurses with "less training" for dealing with the routine duties is being considered.

In my opinion there should be closer liaison between general medical practitioners and the health visitors but this is difficult to get as the former do not make use of the health visitors for family investigations. Tentative steps have been taken with practitioners to develop this idea.

Some time ago one of the nurses was given time off to take her Health Visitor's certificate, but at present no special facilities are offered for nurses to be sent for training. The department is at present undertaking the practical side of training for two Health Visitors from Bolton Health Visitors' course, Bolton Municipal Technical College.

All Health Visitors have attended a Post Graduate Summer School and they have been allowed to attend short courses organised locally, e.g. Lancashire County Council, Manchester and Preston.

The following visits were undertaken by the Health Visitors during the year under review :

Expectant Mothers		Nursing Mothers		Children under 1 yr. of age		Children between the ages of 1 and 5 yrs.		Tuberculosis cases		Infectious Diseases	Other Cases
Visits		Visits		Visits		Visits		Visits		Total Visits	Total Visits
First	Total	First	Total	First	Total	First	Total	First	Total		
283	550	666	901	1621	7925	392	12003	168	4161	3347	1749

" Other cases " in the above table includes visits to stillbirths, notified cases of ophthalmia neonatorum, contacts of tuberculosis cases and patients under observation at the local chest clinic, visits on behalf of the Children's Department, visits re proposed admissions of old people to chronic sick accommodation at local hospitals and enquiries into infantile deaths.

HOME NURSING SERVICE

This service is at present staffed by fourteen nurses, four of whom have had district training.

Requests for the service of a nurse, either from hospital or general medical practitioners, are made to the department, giving a brief description of the treatment required.

The nurses attend at the Health Centre at 9 a.m. to receive details of new cases, hand in work reports and discuss cases requiring advice from the Superintendent Nursing Officer. Nurses telephone the department in the afternoon to take details of urgent cases received during the day and which require visiting the same day.

Co-operation with general medical practitioners is good and where necessary the nurse contacts the doctor by telephone. Considerable use is made of the home nursing service by the general medical practitioners but the amount of assistance that can be given is limited by staff difficulties.

The need for a 24 hour service has not yet revealed itself and up to the present it has been possible to make satisfactory arrangements for night nursing with the patient's relatives. In view of the shortage of staff, it has been found necessary, to give the nurses a break, to discontinue evening visiting. Essential visits only are made on Sundays as this is treated as a half day.

The service at present is far from satisfactory. Since the inception of the National Health Service demands on the service have increased considerably, but to keep the nurses working hours within reasonable limits, visits have had to be

reduced to a minimum. Many cases requiring visits twice daily are visited only once. Chronic cases and old persons needing weekly bed baths have to be left out and as previously mentioned requests for late evening visits have been refused. In an effort to increase the case load per nurse, the nurses have been obliged to cut down the time they give to individual patients but there is a limit to such cuts unless the quality of the service is to be seriously affected.

It is hoped to increase the staff to twenty-five nurses during the coming year. This would enable the case load per nurse to be reduced by approximately one-third and at the same time enable the evening service to be re-instituted. Further development of this service should also have a definite effect in reducing the number of patients in hospitals and thereby relieve hospital beds.

In 1952 all the nurses attended refresher lectures and also visited Christie's Hospital, Manchester. Post graduate courses will be arranged when the staffing position permits.

Nurses are encouraged to interest their patients in occupational therapy and recently an exhibition of work was held.

The following table summarises the types of cases attended and visits made during 1952.

	Analysis of new cases			Visits to all cases		
	Under 65	Over 65	Total	Under 65	Over 65	Total
Tuberculosis :						
(a) Nursing Care				206	65	271
(b) Streptomycin	50	8	58	1908	205	2113
Cancer 	68	53	121	2234	2230	4464
Heart 	31	69	100	733	2180	2913
Diabetic 	19	47	66	710	3653	4363
Other Medical 	363	498	861	6984	10289	17273
Other Surgical 	127	94	221	2964	2704	5668
Chronic 	18	197	215	2045	8808	10853
Total 	676	966	1642	17784	30134	47918

It will be appreciated that in a holiday resort such as Blackpool there is a demand for nursing attention for visitors. In many instances the patient communicates with this department before commencing the holiday and arranges for the required service. The following visitors were attended during 1952 :

Surgical dressings 	29
General nursing care 	19
Insulin injections 	51
Penicillin injections 	38
Enema 	8

The number of visits involved was 965.

To supplement the home nursing service a store of sick-room equipment is held at the Health Centre for loan in cases where patients are being attended by home nurses and also where they are being nursed at home by relatives and friends. A small charge is made for the loan of the articles for a period of three months or less ; this charge may be reduced or waived altogether in cases of financial hardship. No charge is made where the article is on loan to tuberculosis patients. 394 articles were issued on loan during the year, and in 74 instances the loan was renewed after the initial three monthly period.

AMBULANCE SERVICE

The ambulance service provided by this Authority in accordance with the requirements of the National Health Service Act is operated in two district sections. The local authority service maintained by the municipal transport department deals with non-infectious cases, accidents and maternity cases, whilst the agency service transports all infectious cases and handles all out-of-town journeys. Day to day administration and routine control of the local ambulance station has been delegated to the Transport Manager of this Authority.

All requests for ambulance and car transport, apart from accident and emergency maternity calls, are received by the department and directed to the appropriate ambulance service.

Close co-operation is maintained with the Lancashire County Ambulance Service. Accident and other emergency cases on or near the borough boundary are dealt with by the ambulance station receiving the call and, if appropriate, later charged to the other Authority.

A certain amount of misuse of this service was observed from the outset. Calls for ambulances were received and on arrival the patient was found to be suitable for conveyance by sitting-case car or even able to travel by public transport. Efforts on the part of this department to check this abuse were not entirely successful and it was obvious that general medical practitioners and hospitals when requesting transport were not, in all cases, considering whether an ambulance or car was a necessity. Instances had also been noticed where patients attending periodically at the out-patient department of the local hospital, once placed on the ambulance list, had taken advantage of this service long after they had been capable of travelling without inconvenience by means of public transport. In an endeavour to reduce the cost of the service a meeting between representatives of the Health Committee, the Hospital Management Committee and the medical profession was held on 20th June, 1950. Several suggestions for effecting economies were made and subsequently a letter was addressed to all general medical practitioners operating in the Borough requesting their co-operation and suggesting that more use be made of sitting-case cars and railway transport for patients. The hospital authorities also promised to review cases attending hospital more frequently to ensure that an ambulance was not requested when the patient was fit to travel by other means. An occasional abuse of the service is still encountered but with the co-operation of the medical profession and the local hospital staff and the careful scrutiny of all requests for transport received by this department a general improvement has been secured.

In Ministry of Health Circular 30/51 a number of rules for the use of the ambulance service were set out and copies of these were circulated to all general medical practitioners for display in their surgery waiting rooms.

It is considered that there will always be a degree of misuse of any service that is "free" to the user. A small charge might prove a deterrent to such misuse.

The following table summarises the work of the service for the last four years :

		Total No. of journeys during year				Total No. of patients carried during year				Total mileage during year			
		1949	1950	1951	1952	1949	1950	1951	1952	1949	1950	1951	1952
Local Authority Service	Amb.	12285	12108	11148	10670	19019	20938	21534	20364	73291	72791	68877	67355
	Cars	2807	1379	572	453	6780	6895	6036	6767	14035	13069	11224	6603
Agency Service	Amb.	3591	2538	2861	2918	4397	2927	3411	3605	91603	100121	101100	101352
	Cars	7	69	192	245	7	69	217	264	385	3697	11399	16811

The number of vehicles on the strength of the two services as at the end of 1952 is :

Local Authority Service—10 ambulances. 1 car.

Agency Service—5 ambulances. 2 cars.

VACCINATION AND IMMUNISATION

One vaccination session is held weekly on Tuesdays at the Municipal Health Centre for both children and adults. Appointments are arranged either by application by the individual or through the Infant Welfare Clinics. Health Visitors encourage and remind the mothers during home visiting and at Infant Welfare Clinics to have their children vaccinated, preferably at the age of four months. Similarly immunisation against Diphtheria and Whooping Cough is offered from the age of six months. Mothers are also advised that children should have a boosting injection prior to the child reaching school age. If this is not done the boosting injection is given under school medical arrangements. Of the 1933 re-inforcing injections given in the year 1,660 were carried out by the school medical services.

The following tables show the number of persons vaccinated and immunised during the year :

Age at date of vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
No. vaccinated ...	363	30	57	54	180	684
No. re-vaccinated	—	1	8	43	446	498

		Age at date of final injection (as regards (a) and (b)) or of re-inforcing injection (as regards (b))							
		Under 1	1	2	3	4	5 to 9	10 to 14	Total
Diphtheria Immunisation	(a) Number of children who completed a full course of primary immunisation (including temporary residents) during the year	548	494	64	22	49	416	99	1692
	(b) Number of children who received a secondary (reinforcing) injection (i.e. subsequently to primary immunisation at an earlier age) during the year	1	5	6	—	145	1233	543	1933
Whooping Cough Immunisation	(c) Number of children who completed a full course of immunisation (including temporary residents) during the year	398	364	41	16	26	10	1	856

PREVENTION, CARE AND AFTER-CARE

Tuberculosis. Three of the Health Visitors employed in this department are seconded to Tuberculosis duties. Tuberculosis patients, contacts of tuberculosis patients and cases under observation at the Chest Clinic are visited at home by these health visitors as often as the needs of the particular case require.

A constant endeavour is made by these nurses to encourage contacts of respiratory cases of tuberculosis to attend the chest clinic for a periodical check-up. 480 new contacts were examined during the year and a total of 1,001 visits to the clinic were made by the contacts. The necessity of these periodical checks is revealed by the fact that eight contacts were notified as active cases of tuberculosis in 1952. 885 domiciliary visits to contacts were made during the year.

Co-operation between the local authority services and the diagnostic and treatment service of the Regional Hospital Board is most satisfactory. To a large degree this is because the tuberculosis health visitors, mentioned above, are in attendance at each session of the chest clinic. This subject has been dealt with earlier in this report.

B.C.G. vaccination is carried on at the Chest Clinic, on behalf of the local authority. During the year 118 persons were vaccinated.

The second mass radiography survey was completed during the year. A previous survey was held four years ago. A full report on the second survey has not yet been received but it is hoped that this will be available in time for inclusion in my annual report for 1952. A preliminary report, however, indicates that 24,154 persons (12,398 males and 11,756 females) took advantage of the facilities offered. This is a slight increase on the number who were dealt with on the previous survey. 1,982 persons were recalled to the unit for further investigation.

Other Illness. Close co-operation has always been maintained with the local Hospital Management Committee and general medical practitioners, and cases of illness where the assistance of this Authority is required are notified to the Health Department. Such assistance includes Home Nursing, Home Help, loan of sick-room equipment and investigation of social conditions. This latter service has not been developed to the extent that it might be and it is at present mainly confined to enquiries, on behalf of local hospitals, into home circumstances where elderly chronic sick cases are awaiting admission to the hospital.

DOMESTIC HELP SERVICE

This service is essentially an emergency one and deals mainly with aged and chronic sick cases, maternity cases, tuberculosis cases and some instances where a mother has died leaving a family of children and the father wishes to keep the home together by caring for them himself.

At present the staff comprises 21 domestic helps (15 full-time and 6 part-time) and a Supervisor. On Friday afternoons the staff attend at the Municipal Health Centre to receive their wages and incidental expenses, and instructions for the following week. Short talks, films and demonstrations have been arranged to take place immediately afterwards.

The service is available on request from the public or general medical practitioners. When a new case is notified, it is visited by the Supervisor who interviews the patient and assesses the amount of help required and arranges for a domestic help to commence duty. All cases are visited regularly when any difficulties of both the patient and the help can be discussed.

A full charge for the service, which is based on the all-in cost of the scheme to this Authority, has been increased during the year to 2/10d. per hour. An abatement is allowed for low incomes and where the illness is likely to be protracted, e.g. tuberculosis, cancer or some chronic disability, the charge is subject to a special review and may be waived unless the recipient of the service is of sound means.

During the year it was felt desirable to co-ordinate the service with that of home nursing and the Superintendent Nursing Officer now exercises an overall supervision.

At the present time there is a completely inadequate staff to cope with the demand. Every effort is made to allocate some help to applicants but in some cases it is only for one hour per week. It is hoped to substantially increase this service in 1953, and, as with the home nursing service, any extension of the facilities will take a certain amount of strain from the overtaxed hospital accommodation or accommodation provided by the local authority under Part III of the National Assistance Act. It may even be a means of preventing a case from degenerating into the type requiring action under Section 47 of this Act.

Help was provided for the following cases during 1952 :

Maternity (including expectant mothers)	...	...	18
Tuberculosis	...	...	20
Chronic Sick (including aged and infirm)	...	...	144
Others	...	...	31

HEALTH EDUCATION

An annual grant of twenty-five guineas is made to the Central Council for Health Education and in return we receive, from time to time, literature, posters, leaflets and special display material. In the general waiting rooms of the clinics there are exhibition stands and notice boards displaying exhibits and posters on such topics as Vaccination, Diphtheria Immunisation, Care of the Teeth, Infant Feeding, and Ante-Natal hygiene and diet.

Periodically we obtain and distribute supplies of leaflets issued by the National Association for the Prevention of Tuberculosis.

The facilities available for the treatment of Venereal Disease are displayed in all public conveniences, railway stations and a number of the larger licensed premises in the Borough.

The department is represented on the local branch of the Royal Society for the Prevention of Accidents and through this agency material is obtained for publicising methods of preventing accidents in the home.

During the past few years exhibitions have been held at the Blackpool Technical College for the different sections of the food industry, at which special attention has been drawn to the importance of hygiene. After discussions between this department and representatives of the various organisations interested in the food trade it was decided that a short course of lectures should be held at the local school of Food Technology for the benefit of persons engaged in the trades. This series of lectures was first given in 1951 and was so successful that a similar course was conducted in 1952. To ensure the widest publicity for these lectures a circular letter was sent to all food traders in the town and the sanitary inspectors engaged on this work were instructed to emphasise the importance of the lectures. From time to time, the medical, inspectorial and administrative staff have given talks to Trades Guilds, Co-operative Women's Guilds, St. John Ambulance Brigade and other organisations.

The Maternity and Child Welfare Medical Officer and the nursing staff periodically give lectures to the mothers attending the various clinic centres. An up-to-date selection of appropriate film strips is maintained and a 36 m.m. projector operated by the Health Visitors when giving lectures to the mothers.

MENTAL HEALTH

Administration. To facilitate the administration of the mental health service a Mental Health Sub-Committee has been appointed by the Health Committee. The sub-committee consists of nine members of the town council and three co-opted members (a medical practitioner, the chairman of the Local Executive Council and one lady). Meetings are held quarterly or more frequently if required.

The staff employed for full-time duty in the service consists of two duly authorised officers, one mental health worker, a supervisor and two assistant supervisors at the Occupation Centre, and one clerk.

The ascertainment of defectives, the medical supervision of defectives under guardianship and the periodic examination of pupils attending the Occupation Centre is carried out by the Deputy Medical Officer of Health who is responsible to the Medical Officer of Health for the organisation of this service.

Since the inception of the National Health Service one of the Authorised Officers has attended two courses of instruction, one of seven week's duration arranged by the National Association for Mental Health and the other lasting one week at Calderstones Institution, Whalley. The Mental Health Worker, who has had considerable experience in mental deficiency work over the past thirty years, also attended this latter course. None of the present staff at the Occupation Centre are qualified although the Supervisor has had experience in an Occupation Centre since 1948 and has attended a two week's course for occupation centre workers in 1951. No arrangements are in hand for the training of additional staff.

Co-ordination with Regional Hospital Boards and Hospital Management Committees. A certain amount of work is undertaken by the department on behalf of various Hospital Management Committees and consists mainly of the preparation and submission of reports as follows :

- (i) As regards persons of unsound mind—
 - (a) Case history reports.
 - (b) Home reports on patients whose discharge is being considered.
- (ii) As regards Mental Defectives—
 - (a) Reports required for the continuation of an Order detaining a defective in an Institution, or for Licence and Holidays.
 - (b) Periodic progress reports on defectives on Licence from an institution.

The Deputy Medical Officer of Health keeps in touch with the Psychiatrist who attends the out-patient clinic at the local hospital, the staff also visit the clinic, information is interchanged and, if desired, home reports are provided for the psychiatrist.

Voluntary Associations. No duties are delegated to voluntary associations, but from time to time advice has been sought from the National Association for Mental Health. During the year a local branch of the Association of Parents of Backward Children was formed. The members have taken a keen interest in the welfare of the children at the Occupation Centre. A successful talk was given to members by an officer of the mental health service.

Community Care. In previous years, as a matter of routine, all cases when discharged from Mental Hospital were visited unless the discharge report stated that the patient had expressed a desire not to be visited. The purpose of these visits was to assist in the rehabilitation and resettlement of the patient. This arrangement proved very satisfactory and much useful work was accomplished. During the last year it was extremely difficult to continue this work due to the decision of the Regional Hospital Board not to supply the Local Health Authority with any information about a discharged patient other than the name and date of discharge. It was contended that any additional information should only be supplied to the patient's general practitioner who would inform the Local Authority whether visits were necessary. It is to be regretted that no requests were received from general practitioners during the year.

Considerable difficulty is still experienced in providing satisfactory care for female senile cases and certification had to be adopted during the year, when beds were available, for a number of cases who in their declining years showed signs of senile dementia. Many such cases could not be admitted and remained at home and were a considerable burden on relatives, neighbours and friends.

Section 28, National Health Service, 1946. During the year 224 new cases were referred to the department from various sources, e.g. medical practitioners, police, probation officers, Child Guidance Clinic and the Psychiatric clinic at the local hospital. 617 domiciliary visits were made, of which 116 were to people discharged from mental hospital and many to persons who though unwilling to accept treatment welcomed visits and advice. Seven of the visits were for the purpose of preparing case history reports or home reports for mental hospitals. Transport was provided for nine patients to have electro-convulsive treatment as out patients at Whittingham Mental Hospital.

Lunacy and Mental Treatment Act, 1890-1930. The following table shows the number of health service patients admitted to hospitals during the year, classified according to the section of the Act under which they were admitted.

Mode of Admission	HOSPITAL							
	Wesham Park	Whittingham	Lancaster Moor	Sharoe Green	Queen's Park	Fairfield	Prestwich	Park Side
Lunacy Act, 1890 : Section 16 ...	4	48	5	1	—	—	—	—
Section 20 ...	55	2	—	—	—	—	—	—
Section 21 ...	47	19	—	2	1	1	—	—
Section 21 (2)	1	—	—	—	—	—	—	—
Mental Treatment Act, 1930 : Section 1 ...	2	60	—	1	1	—	1	1
Section 5 .	—	2	—	—	—	—	—	—

Mental Deficiency Acts, 1913-1938. The following statistics relate to the defectives reported during 1952, the disposal of such cases and the classification of defectives in the community at the year end.

	During 1952				Total cases on Authority's registers as at 1.1.53			
	Under age 16		Age 16 and over		Under age 16		Age 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
1. Particulars of cases reported during 1952:								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with."								
Action taken on reports by—								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	2	1	—	—	—	—	—	—
(2) On leaving Special Schools	—	—	—	—	—	—	—	—
(3) On leaving ordinary schools	—	—	—	—	—	—	—	—
(ii) Police or by Courts	1	—	2	2	—	—	—	—
(iii) Other sources	—	1	2	—	—	—	—	—
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	—	1	1	2	—	—	—	—
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	2	1	1	—	—	—	—	—
Total number of cases reported during the year	5	4	6	4	—	—	—	—
2. Disposal of cases:								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number								
(i) Placed under Statutory Supervision	2	2	1	—	15	14	23	25
(ii) Placed under Guardianship	—	—	—	—	—	—	1	—
(iii) Taken to "Places of Safety"	—	—	—	—	—	—	—	—
(iv) Admitted to Institutions	1	—	2	2	5	4	43	33
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number								
(i) Placed under Voluntary Supervision	—	—	1	—	1	1	9	3
(ii) Action unnecessary	—	1	1	2	—	—	—	—
Total of Item 2	3	3	5	4	21	19	76	61
3. Classification of defectives in the Community on 1.1.53:								
(a) Cases included in item 2 (a) (i) to (iii) above in need of institutional care:—								
(1) In urgent need of institutional care:—								
(i) "cot and chair" cases	—	—	—	—	—	2	—	1
(ii) ambulant low grade cases	2	—	—	—	2	2	2	1
(iii) medium grade cases	1	—	—	—	1	—	—	2
(iv) high grade cases	—	—	—	—	—	—	—	—
(2) Not in urgent need of institutional care:—								
(i) "cot and chair" cases	—	—	—	—	—	1	—	—
(ii) ambulant low grade cases	—	—	—	—	—	—	—	2
(iii) medium grade cases	1	—	—	—	1	—	1	—
(iv) high grade cases	—	—	—	—	—	—	—	—
Total of Item 3 (a)	4	5	3	6				
(b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i), number considered suitable for:—								
(i) occupation centre	14	7	—	8				
(ii) industrial centre	—	—	8	—				
(iii) home training	—	—	—	—				
Total of Item 3 (b)	14	7	8	8				
(c) Of the cases included in item 3 (b) number receiving training on 1.1.53:								
(i) on occupation centres	13	6	5	3				
(ii) in industrial centres	—	—	—	—				
(iii) at home	—	—	—	—				
Total of Item 3 (c)	13	6	5	3				
4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these forms of care during 1952.								
	M.	F.	T.					
(a) Ceased to be under care	3	—	3					
(b) Died, removed from area, or lost sight of	1	3	4					
Total	4	3	7					
5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care:								
(a) Number who have given birth to children while unmarried in 1952				Nil				
(b) Number who have married during 1952				Males Nil				Females Nil

It will be observed from the above table that notifications of cases are received from various sources. The majority of these are from the Local Education Authority. In such cases a Form 2 H.P. is received from the Chief Education Officer giving a case history and reason for notification. The child is then visited by the Mental Health Worker and followed by an examination by the Deputy Medical Officer of Health either at home or at the Health Centre. Recommendations for disposal of the cases are then submitted to the Mental Health Sub-Committee.

Extreme difficulty is experienced in finding accommodation for those cases which are considered suitable for institutional treatment. This is not confined to this area but is country-wide, and is largely due to inadequate recruitment of nursing staff which has necessitated the closing down of a number of beds. The Manchester Regional Hospital Board has for some time been gravely concerned at the continually rising waiting list for beds in mental deficiency hospitals and they feel that there is a need for a new approach to the serious social problem of mental deficiency ; there should be a search for new methods of dealing with defectives on a non-institutional basis. It is expected that some discussions between local authorities and the Regional Hospital Board will take place in the early part of the coming year.

Many serious social problems are caused by the lack of accommodation, even in urgent cases. A considerable proportion of the vacancies in hospital have been obtained after offences and Court proceedings and an Order made by the magistrates. This reacts adversely on those parents who, year after year, have requested institutional care, but only see the cases brought before the Courts being admitted to hospital.

Some hospitals have recently provided temporary short term vacancies in cases of domestic crises. These vacancies occur when patients are sent home on holiday or licence from mental deficiency hospitals and is for a limited period, usually up to three weeks. This system has been most helpful where a mother through illness or physical strain has required a rest from attending to a patient ; in fact, in these days of limited vacancies, it is often the only method by which the mother can gain any relief from the strain of caring for a patient.

Guardianship and Supervision of Defectives. 231 domiciliary visits were made to defectives under guardianship or statutory supervision and 105 visits for general enquiries and to defectives under voluntary supervision. A further 112 visits were made for the following purposes :

Preparation of Case Notes on new cases referred to the department	15
Completion of Progress Reports on defectives on Licence from hospital	45
Completion of Home Reports (Section 11, Licence and Holiday purposes)	52

Occupation Centre and Training of Defectives. At the end of 1952 there were 33 defectives on the register at the Occupation Centre, including six from the Lancashire County administrative area. The average daily attendance over the whole year was 23 but with the opening of the new Centre the average attendance has risen to 26. The mid-day meal, for which a charge of 7d. per day is made, is supplied from the School Meals service and transport for the children attending the Centre is provided through the Corporation Transport Department.

The previous Centre in Dean Street was unsatisfactory in many respects, in particular, there was a lack of playing space and inadequate lighting and lavatory accommodation. On 1st September, 1952 the Centre was transferred to premises, re-adapted for the purpose from a Day Nursery, at the Municipal Health Centre. The new Centre has a capacity for 35 children. To cope with the additional

number of children a further assistant has been appointed, the staff now consisting of a supervisor and two assistants. Unfortunately in spite of the increased accommodation now available there are still a number of children who would benefit from training at the Centre who cannot be admitted.

At present one of the senior boys spends most of his time in the gardens under the supervision of the gardener, and it is hoped to extend this activity during the summer months. Also, it is desirable that facilities for an industrial class should be provided for the senior boys, where training could be given in joinery, boot repairing and gardening, etc. The actual number of boys who would benefit from this is, at present, insufficient to warrant a full-time class but the numbers are increasing. A part-time male instructor in this work would suffice until the required number was available.

MASS RADIOGRAPHY SURVEY

A survey was carried amongst Blackpool residents in the period 26th November, 1951 to 31st May, 1952. I am indebted to Dr. R. J. Sutton, the Medical Director of No. 5 Mass Radiography Unit for the following details of the survey.

Various sites were visited by the Unit and these are listed below.

<i>Location</i>	<i>Dates</i>	<i>No. of Persons Examined</i>		
		<i>Males</i>	<i>Females</i>	<i>Total</i>
Ministry of Pensions, Norcross, near Blackpool	26th—30th November, 1951	829	669	1498
Ministry of Pensions Warbreck Hill, Blackpool	3rd—6th December, 1951	376	329	705
Ministry of Agriculture and Fisheries, St. Annes	7th—12th December, 1951	476	427	903
Blackpool	17th December, 1951 —31st May, 1952	10717	10331	21048
		<u>12398</u>	<u>11756</u>	<u>24154</u>

Three Government Office sites were first visited by the Unit :—the Ministry of Pensions at Norcross and Warbreck Hill, and the Ministry of Agriculture and Fisheries, St. Annes. The Norcross and St. Annes Sites are actually outside the Blackpool boundary, but they are included in this report as the majority of the employees are Blackpool residents. Valuable assistance was given to the Unit at each site by the Personnel Officers.

Blackpool had previously been visited by a Mass Radiography Unit in 1947/48, but this was a static Unit. Apart from the three visits to Government Office sites, the Unit was sited at fifteen different locations, and these are listed below :—

Health Department, Whitegate Drive. (Two visits).
 Old Market Site, Corporation Street. (Two visits).
 Blundell Street Tram Depot.
 Claremont Secondary Modern School.
 Infectious Diseases Hospital, Devonshire Road.
 Samlesbury Engineering Co., Ltd., Stanley Park Aerodrome.
 Blackpool Co-operative Society's Sports Ground, Preston New Road.
 Burtons Biscuits, Ltd., Vicarage Lane.
 Tyldesley School, Condor Grove.
 Burlingham, Ltd. and W. Eaves, Ltd., Vicarage Lane.
 Palatine Secondary School, Palatine Road.
 Technical College, Palatine Road.
 Waterloo Road Coach Park.
 Highfield Secondary Modern School, Highfield Road.
 Layton Convent, St. Walburgas Road.

The premises on the Old Market Site, near the Town Hall, were ideally situated for examining the general public. It would appear to be essential to have central premises in order to obtain a good response from the general public. At the Market Site 4,731 members of the general public were x-rayed. A ward at the Infectious Diseases Hospital was placed at the Unit's disposal, and employees of firms and the general public in the Layton area were x-rayed. We are grateful to the Management Committee of the Blackpool Co-operative Society, Ltd. for allowing the Unit to use the Pavilion of their Sports Ground on Preston New Road. At this Pavilion employees of nearby engineering firms, coachbuilders, joiners and several manufacturers were examined.

There is no doubt that when the Unit is able to visit a factory the response from the employees is greater than it would be if they had to leave the factory to attend at a centre, although this sometimes means the staff of the Unit have to work under difficult conditions. For example, at a firm of coachbuilders, the only space available was a section of a large workshop where panel-beating was taking place.

The Unit's presence in the area was brought to the notice of the public by means of posters, slides at the local cinemas, leaflets distributed to houses by the Boy Scouts (thanks are due to Mr. E. W. Bowtell, the District Commissioner, and Mr. R. Holland for arranging this) and advertisements in the local press. The West Lancashire Evening Gazette gave the Unit valuable publicity by inserting paragraphs and photographs of the Unit. Mr. C. W. Hall gave his usual talks in factories and offices and to local organisations. Evening sessions were held at the Health Department, Whitegate Drive which were advertised as open to the general public. All the medical practitioners in the area were invited to send any of their patients to be x-rayed.

During the complete surveys carried out in the Fylde area (of which Blackpool has by far the largest population) the total number of examinations made by this Unit show an increase of over 10,000 from the previous Mass Radiography Survey in 1947/48. This is all the more satisfactory considering that many large war-time industries and offices left the district after 1948.

The 24,154 persons examined during the surveys under review were divided into the following age groups :—

<i>Age Group</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
14 years and under	...	...	...	1156	1172	2328
15 — 24 years	...	...	...	2112	3497	5609
25 — 34 years	...	...	...	2375	2156	4531
35 — 44 years	...	...	...	2358	2035	4393
45 — 59 years	...	...	...	3429	2340	5769
60 years and over	...	...	...	968	556	1524
				<u>12398</u>	<u>11756</u>	<u>24154</u>

The total of 24,154 is made up as follows :—

				<i>Males</i>	<i>Females</i>	<i>Total</i>
No. of Employees						
of firms in Blackpool x-rayed	...			8220	5428	13648
Schoolchildren	...	...	...	1895	1966	3861
General Public	...	...	...	2283	4362	6645
				<u>12398</u>	<u>11756</u>	<u>24154</u>

The table below, which excludes the 3,861 schoolchildren and the 6,645 members of the general public, compares (a) the number of persons at the various firms who were available for Mass Radiography with (b) the number actually examined by the Unit:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
(a) Total number of employees available for Mass Radiography	11700	9660	21360
(b) Number of employees who were x-rayed	8220	5428	13648
(c) Percentage of total number available	70.3%	56.2%	63.9%

The response of 63.9% is slightly below average.

After the initial miniature x-ray, 650 persons were recalled for repeat miniature films and 919 were recalled for large films. (25 of these recalls failed to attend). 413 persons were recalled for interviews or clinical examinations by the Medical Director, of whom 10 failed to attend. 34 persons were recalled for screening.

Of the 24,154 persons examined, 22,369 were classified as normal, and the remaining 1,785 consisted of persons with tuberculosis abnormalities, or other abnormal chest conditions.

The findings in respect of examinees with evidence of Active Tuberculosis are :—

<i>Persons with evidence of Active Tuberculosis</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Employees of firms in Blackpool and District ...	14	9	23
Rate per 1,000 examined	1.7	1.7	1.7
General Public	3	4	7
Rate per 1,000 examined	1.3	0.9	1.05
Schoolchildren	—	1	1
Rate per 1,000 examined	—	0.5	0.3
Totals ...	17	14	31
Rate per 1,000 examined	1.4	1.2	1.3

As shown above, 31 cases of Active Tuberculosis were discovered equal to a rate of 1.3 per thousand persons examined. Of these, 14 were recommended for immediate treatment or observation in a sanatorium, 10 were taken on the Clinic Register as definite cases of Pulmonary Tuberculosis, 1 refused further action and 6 removed or were lost sight of.

From the sputum tests made by the Chest Clinic, 8 were found to be positive, a rate equal to 0.3 per thousand persons examined.

The number of active cases of Tuberculosis found is well below the average number found in the previous surveys of this Unit in the Lancaster and Barrow areas. Usually we find over 2 active cases per thousand persons examined, and a figure of 1.3 must be considered well below the usual rate. It is felt to be of little value to compare this Survey with other surveys carried out by the Unit in this particular instance because of the different composition of the population in regard to age and occupation. The Blackpool area contains a far greater residential population (i.e. 'well-to-do' and retired people) than any of the other areas previously surveyed by us. At the outset we did not expect either such a high percentage of attendances at the Unit or to discover so many active cases as in previous surveys, and this has proved to be the case.

However, the preventive value of Mass Radiography must not be overlooked. Everyone of the active cases found, in all probability would have infected others before their detection by other means, for as usual, the great majority of cases found by Mass Radiography are entirely without symptoms.

The table below shows the cases of Active Tuberculosis discovered in their age groups, together with the rate per thousand persons examined in the different age groups :—

	14 years and under	15—24 years	25—34 years	35—44 years	45—59 years	60 years and over	TOTAL
No. MALE Active cases found :	—	3	3	2	6	3	17
Rate per 1,000 examined ...	—	1.4	1.3	0.85	1.7	3.09	1.4
No. FEMALE Active cases found :	—	7	5	—	1	1	14
Rate per 1,000 examined ...	—	2	2.3	—	0.4	1.8	1.2

For Inactive Tuberculosis, 796 cases were discovered, a rate of 32.96 per thousand examined. Of these, 24 are continuing under observation at the Chest Clinic ; 1 was already on the Clinic Register as a quiescent case ; 18 were given advice by the Medical Director and referred to their own doctors ; 3 refused further action ; 27 removed or were lost sight of, and the remaining 723 were subsequently regarded as healed Tuberculosis and no further action was necessary.

During the examination of a large number of people it is only natural that other abnormal chest condition will be found. In this survey, non-tuberculosis abnormalities were discovered in 953 instances, but the majority of these were not considered to require any further action. A few cases, however, were given advice by the Medical Director and referred either to their own doctors or to the Chest Clinic. These are listed below :—

Abnormalities of the Bony Thorax and Lungs ...	...	...	...	...	...	3
Chronic Bronchitis and Emphysema ...	...	...	...	...	...	29
Broncho-Pneumonia ...	...	...	...	...	...	6
Bronchiectasis ...	...	...	...	...	...	18
Pulmonary Fibrosis ...	...	...	...	...	...	13
Pneumoconiosis ...	...	...	...	...	...	3
Basal Fibrosis ...	...	...	...	...	...	1
Pleural Thickening ...	...	...	...	...	...	7
Intrathoracic New Growth ...	...	...	...	...	...	9
Cardio-vascular lesions—congenital ...	...	...	...	...	...	1
Cardio-vascular lesions—acquired ...	...	...	...	...	...	19
Miscellaneous :—						
Abnormal Right Diaphragm ...	...	...	...	...	...	1
Eventration of Diaphragm ...	...	...	...	...	...	1
Retrosternal Thyroid ...	...	...	...	...	...	7
Sarcoidosis ...	...	...	...	...	...	4
						—
					Total ...	122

Schoolchildren were included in this Survey, 3,861 scholars being x-rayed—1,895 boys and 1,966 girls.

Amongst the schoolchildren, abnormalities were found in 121 instances. One case of Active Tuberculosis was discovered, a girl who was recommended for treatment in a sanatorium.

Inactive Tuberculosis was found in 77 instances, but they were subsequently regarded as healed and no further action considered necessary.

Of the remaining 43 abnormalities detected, these were non-tuberculosis, and most of these were not considered to need any further action. A few, however, were given advice by the Medical Director and referred either to their doctor or to the Chest Clinic, and these are listed below :—

Bronchiectasis	...	...	...	...	...	...	...	2
Pulmonary Fibrosis	...	...	...	...	...	...	...	1
Cardio-vascular lesions—acquired	...	...	...	...	...	...	...	1
Miscellaneous :—								
Sarcoidosis	...	...	...	...	...	...	...	4
Eventration of Diaphragm	...	...	...	...	...	...	...	1
								—
							Total	9

In conclusion, I should like to thank Dr. F. C. S. Bradbury and the staff of the Blackpool Chest Clinic for their advice and assistance, and Dr. G. W. Murray, Medical Officer of Health, and the staff of the Blackpool Health Department for their co-operation.

SANITARY CIRCUMSTANCES OF THE BOROUGH

WATER SUPPLY

The Authority responsible for the water supply in the Borough is the Fylde Water Board.

Water delivered to Blackpool is supplied from two sources, (a) from watersheds at Barnacre, and (b) at Stocks on the River Hodder, and is satisfactory both in quantity and quality. At both these head works, upland surface water is collected and stored in reservoirs. The watershed at Barnacre is free from human habitation and at Stocks the Board owns the watershed and controls all operations on it. The raw water is stained with peat and is treated with sulphate of alumina before filtration to remove this colour during filtration, and lime water is added after filtration to compensate acidity. Finally the water is sterilised with chlorine. The pH of the filtered water as it leaves the filters is recorded continuously by a Multilec pH Recorder. The combined alkalinity, acidity and colour is taken at least daily at various stages of the treatment. Bacteriological analyses of water taken from various points in the Borough indicate that all samples were satisfactory. There is no liability to plumbo-solvent action as the acidity is neutralised with lime water at the filters.

As at 31st March, 1952, there were 45,078 houses in the Borough and, with the exception of one, all had a piped supply of water. The population supplied, according to the Registrar General's estimate is 147,300.

SEWERAGE OF THE BOROUGH

There are in the Borough 65,283 waterclosets and 295 pail closets. No record is held of pail closets on showgrounds or in temporary conveniences. A number of septic tanks exist in the outlying parts of the Borough and the abolition of these and cesspools at an early date is desirable.

Completed Works of Sewerage and Sewage Disposal. An automatic totally enclosed raking screen has been installed at Rigby Road pumping station.

Works proposed to be carried out in 1953. Sewerage of the extension to Grange Park housing estate commenced in 1952 and will continue in the coming year. Work has also commenced on the installation of two new pumps at Anchors-holme Pumping Station and this will be completed during 1953. The Ansdell Road Pumping Station will be converted to automatic control ; work on the construction of a new chamber and ancilliary sewers at the Gynn Screening Chamber, when approval of the Ministry is received, and drainage for the Mereside Estate extension and Midgeland Road area will be carried out.

Proposals for Future Sewage Improvements. The main proposals are as set out in my 1950 and 1951 reports.

REFUSE COLLECTION AND DISPOSAL

This is carried out by the Cleansing Department of the Corporation. I am informed by the Director of Public Cleansing that the amount of refuse collected by his department decreased slightly. This was, no doubt, due to the separate collection of Waste Paper and Kitchen Waste undertaken by organisations and individuals in competition with his own services.

The recovery of waste paper by one means or another reached a peak during this period when the price was the highest ever.

The amount of refuse dealt with at the Refuse Disposal Works was 30,462 tons whilst in addition 22,084 tons were tipped away and 1,575 tons of night soil were removed.

SANITARY INSPECTION OF THE BOROUGH

This section of the Annual Report, and the following sections dealing with Housing, Rodent Control and Disinfestation, General Food Supply and Prosecutions, give details of the variety of functions undertaken by the Chief Sanitary Inspector and his staff in connection with the environmental health services.

COMPLAINTS RECEIVED:

[illegible]

VISITS AND INSPECTIONS DURING YEAR (TOTAL)	27958
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Houses (Full Inspections) :

New Houses	—
Old Houses	136
Basements	—
Temporary Structures	—

Ash Receptacles :

Satisfactory	...	...	...	...	...	...	...	53
Unsatisfactory	...	...	...	...	...	...	...	200
Reinspections under Notice	...	...	...	...	...	...	...	168
Number of Galvanised Bins provided	...	...	...	...	...	...	...	127

Food and Drugs Act :

Butchers' Shops	...	...	...	...	...	...	702
Cafes and Snackbars	...	...	...	...	...	...	390
Catering Licences	...	...	...	...	...	...	111
Dairies and Milk Shops under Milk and Dairies Regulations	...						582
Fish Frying Shops	...	...	...	...	...	...	347
Hotels and Licences Premises			...	...	...	...	28
Ice Cream Premises	...	...	...	...	...	...	1116
Food Manufacturing Premises			...	...	...	...	912
Food Inspections and Food Shops	...	...	...	...	...	...	2069

Miscellaneous :

Abattoirs	...	...	...	...	...	...	...	43
Applications for Licences to Build New Houses	...	...	...	...	...	...	...	531
Bakehouses	...	...	...	...	...	...	...	581
Basements (excluding full inspections)	...	...	...	...	...	...	...	23
Building Repair Licences	...	...	...	...	...	...	...	475
Cinemas, Dance Halls, Theatres, etc.	...	...	...	...	...	...	...	36
Common Lodging Houses	...	...	...	...	...	...	...	214
Dwelling Houses (Housing Act, 1936)	...	...	...	...	...	...	...	226
Dwelling Houses (Public Health Act, 1936)	...	...	...	...	...	...	...	146
Factories	...	...	...	...	...	...	...	1353
Infectious Diseases (including Food Poisoning and Dysentery)	...	...	...	...	...	...	...	3742
Land	...	...	...	...	...	...	...	356
Military Billets	...	...	...	...	...	...	...	156
Nuisances (first inspections)	...	...	...	...	...	...	...	4410
Nuisances (re-inspections under notice)	...	...	...	...	...	...	...	5931
Offensive Trades	...	...	...	...	...	...	...	6
Piggeries	...	...	...	...	...	...	...	79
Public Conveniences	...	...	...	...	...	...	...	6
Rag Flock and Other Fillings Materials Act	...	...	...	...	...	...	...	26

Miscellaneous—*contd.*

Refuse Tips	1
Roadways, Footpaths, Back Streets and Passages	28
Sands and Foreshore	1
Schools and Churches	3
Shops (Shops Act. 1950)	1178
Smoke Abatement	47
Smoke Observations	22
Stables and Manure Heaps	58
Temporary Structures (excluding full inspections)	520
Town Planning	12
Watercourses and Ponds	69
Water Supply	54
Work in progress	950
NUMBER OF HOUSES WHERE SANITARY DEFECTS WERE FOUND	441
Defects remedied as per verbal notice	90
Defects remedied as per preliminary notice	116
Defects remedied as per statutory notice	138
NOTICES SERVED FOR THE ABATEMENT OF NUISANCES:	
Verbal	138
Preliminary	307
Statutory	198
HOUSE DRAINS TESTED:	
New Houses :	
Satisfactory	363
Unsatisfactory on first test	14
Rendered satisfactory after first test	14
Old Houses :	
First Test—satisfactory	13
First Test—unsatisfactory	42
Tested during relaying	65
Final Test satisfactory	23
DRAINS:	
Relaid, disconnected and ventilated	5
Repaired, unblocked and cleansed	997
New gullies fixed	6
Soil pipes repaired or fixed	3
WATERCLOSETS:	
New w.c.'s fixed in lieu of privies, pail closets and defective w.c.'s	8
Repaired	10
Unblocked	5
Flushing fittings repaired and water provided	14
New Pails provided	7
WASTE PIPES:	
New slop waste pipes fixed	4
New rainwater downpipes fixed	3
Rainwater pipes and roof gutters repaired	32
Slop waste pipes repaired	8
Water service pipes repaired, etc.	6

MISCELLANEOUS :

Accumulations removed	...	...	...	...	...	...	...	21
Back yards cleansed	...	...	...	...	...	...	...	2
Back yards reformed with flags, concrete or asphalt	...	...	...	...	...	...	...	9
Back yards repaired	...	...	...	...	...	...	...	7
Courts or passages cleaned	...	...	...	...	...	...	...	2
Dampness remedied	...	...	...	...	...	...	...	40
Fire ranges re-set, repaired or provided	...	...	...	...	...	...	...	9
Houses disinfested :								
D.D.T. and special methods	...	...	...	...	...	...	...	21
Insecticide	...	...	...	...	...	...	...	29
Manholes, gullies, back streets, etc., reported to Borough Surveyor	...	...	...	...	...	...	...	9
Manholes, gullies, back streets, etc. reported to Cleansing Department	...	...	...	...	...	...	...	16
New damp proof course fixed	...	...	...	...	...	...	...	5
New floor laid or repaired	...	...	...	...	...	...	...	17
New slop sinks fixed	...	...	...	...	...	...	...	2
Premises cleansed	...	...	...	...	...	...	...	13
Roof repaired	...	...	...	...	...	...	...	71
Rooms ventilated	...	...	...	...	...	...	...	1
Various repairs	...	...	...	...	...	...	...	142
Watercourses cleansed	...	...	...	...	...	...	...	3

Building Licences. The Chief Sanitary Inspector has continued in his capacity as an authorised officer by the Ministry of Works and Local Authority to issue licences for general repairs to dwelling houses and during the year 37 licences were issued for repairs to this type of premises in excess of £100, the total cost involved being £9,099 14s. 0d.

In the case of repairs to business premises, inspections and recommendations have been made to the Ministry of Works, and the latter, normally, are guided by the observations of this department. This close co-operation between the Regional Office and the Local Authority avoids multiplicity of inspections and shows economy in manpower.

187 timber permits were issued during the year for both classes of premises and the total number of visits made was 475.

Common Lodging Houses. There are two registered Common Lodging Houses in the Borough and the total accommodation of these houses is as follows :

13 Eden Street	...	...	...	160 adults and 1 child
12 Seed Street	...	...	...	56 adults and 1 child

Both houses are for males only, there being no accommodation of this type for females in the town.

During the year, 214 visits and inspections were made in order to maintain a reasonable standard of hygiene.

Smoke Abatement. The department has given this subject considerable attention during the past year, and specialist inspectors on the staff have had numerous contacts with the owners of industrial plant. In many cases entirely new boiler equipment has been provided. In others, both major and minor adjustments have been made, and there can be no doubt that industrial fuel burning appliances in the borough are more efficient than they have been for some considerable time. It was decided during the year that a class should be held at the local School of Technology for the training of stokers and boiler attendants and with the agreement of the neighbouring authorities, circular letters were sent to all owners of industrial plants in the Fylde area.

As the result of this action, 54 replies were received that employees would attend at this course of lectures and the department is of the opinion that the response was most gratifying.

The Ministry of Fuel and Power assisted with the use of films and charts, and the lecturer was one of the sanitary inspectors on the staff who has had considerable experience of smoke abatement problems and is in possession of a Specialist's Certificate on this subject issued by the Royal Sanitary Institute.

Sanitary Conditions of Theatres and Music Halls. There has been no change during 1952 in the number of places of public entertainment, i.e.,

Cinemas	...	...	...	...	...	...	...	13
Cinemas (also used for variety, etc.)	...	...	...	...	...	...	...	5
Variety, etc.	...	...	...	...	...	...	...	6
Ballrooms	...	...	...	...	...	...	...	5
Ice Drome	...	...	...	...	...	...	...	1

All the premises were inspected during the year and found to be satisfactory. These inspections also included the dressing room accommodation used by the artists, which is of a very high standard, considerable modernisation having taken place during the past few years.

Factories. 1,353 inspections of factories were made by the District Sanitary Inspectors during 1952, and in the course of these inspections 76 contraventions of the Factories Acts 1937/48 were noted. In 48 instances action was taken informally and it was necessary in 9 cases for written notices to be served on the occupiers of the premises. No prosecutions were instituted and two contraventions were referred to H.M. Inspector of Factories. So far as the department is aware there are no Blackpool firms employing outworkers within the Borough but five notifications have been received from other authorities where outworking.

In all cases these were visited and conditions found to be satisfactory. Three instances where there was a failure to affix an Abstract of the Factories Act, Section 128 (3b) were reported to the Inspector of Factories.

The details of the visits and conditions found in the factories are given in the following tables :—

INSPECTIONS OF FACTORIES

Premises	Number of		
	Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	279	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1065	5	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	9	—	—
TOTAL	1353	7	2

DEFECTS FOUND IN FACTORIES

Particulars	Number of cases in which defects were found					No. of cases in which prosecutions were instituted
	Not Remedied 1951	Found 1952	Remedied 1952	Not Remedied 1952	Referred to H.M. Inspector	
Want of cleanliness (S.1) ...	6	38	44	—	—	—
Overcrowding (S.2)	—	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—	—
Inadequate ventilation (S.4) ..	8	—	8	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—	—
Sanitary Conveniences (S.7)						
(a) insufficient	27	4	22	9	—	—
(b) unsuitable or defective ..	9	25	22	12	—	—
(c) not separate for sexes ..	—	4	1	3	—	—
Other offences against the Act (not including offences relating to Outwork)	40	5	40	5	2	—
TOTAL	90	76	137	29	2	—

HOMEWORK

Nature of Work	Outworkers' Lists, Section 110					
	Lists received from Employers					
	Twice in the year			Once in the year		
	Lists	Outworkers		Lists	Outworkers	
		Con-tractors	Work-men		Con-tractors	Work-men
Wearing Apparel—making, etc. ..	5	5	—	—	—	—

FACTORIES ON THE REGISTER (SECTION 8(3)) AT THE END OF THE YEAR

	Mechanical Power	Non-Mechanical Power
Making or Repair of Wearing Apparel ..	102	30
Bakehouses	184	2
Preparation of other Foods and Drinks ..	96	1
Building Trades	60	2
Furniture making, etc.	28	8
Conveyances and Engineering	174	4
Photography, Printing and Bookbinding ..	48	4
Other Trades	119	16
Laundries	19	—
Total No. of Factories on Register	830	67

Shops. 1,009 first inspections and 169 re-inspections were made to ascertain whether the provisions of Section 38 of the Shops Act, 1950 were being complied with. One statutory notice was served and five warning letters sent after the defects had been reported to the Related Health Services Committee.

The undermentioned table shows details of the conditions found by the sanitary inspectors and action taken to remedy the various defects.

CLASSIFIED DEFECTS				
	Found		Repaired or remedied	
	Nil	Defective	Provided	Repaired
Sanitary conveniences ...	—	6	1	9
Washing facilities ...	—	1	—	—
Lighting ...	—	—	—	—
Ventilation ...	—	2	—	—
Temperature ...	—	—	—	—
TOTALS ...	—	9	1	9

Offensive Trades. The following offensive trades exist within the Borough :

Tripe Boilers ...	2
Gut Scrapers ...	1
Rag and Bone Depots ...	4

With the exception of the rag and bone depots all the above are located at the Public Slaughterhouse and are under the daily observation of the Superintendent.

In the case of rag and bone dealers it should be noted that the sorting of bones is not carried out in the manner it was in the days prior to 1939, as they are collected from butchers' shops and taken direct for treatment to convert into fertilisers in a well conducted factory on the outskirts of the town at the Bispham end of the Borough.

HOUSING

Housing Statistics

1. INSPECTION OF DWELLING HOUSES DURING THE YEAR:

(i) (a) Total number of dwelling houses inspected for housing defects under Public Health or Housing Acts ...	372
(b) Number of inspections made for the purpose ...	653
(ii) (a) Number of dwelling houses (included under sub-heading (i) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925) ...	226
(b) Number of inspections made for the purpose ...	319
(iii) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation (including clearance areas) ...	1
(iv) Number of dwelling houses (exclusive of those referred to under the previous sub-heading) found not to be in all respects reasonably fit for habitation ...	278

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES:

Number of defective dwellings rendered fit in consequence of informal action by the Local Authority or the officers ...	146
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3. ACTION UNDER STATUTORY POWERS DURING THE YEAR:

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:

- (i) Number of dwelling houses in respect of which notices were served requiring repairs 35
- (ii) Number of dwelling houses which were rendered fit after service of formal notices :
- (a) By owners 52
- (b) By Local Authority in default of owners 2

(b) Proceedings under Public Health Acts :

- (i) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 138
- (ii) Number of dwelling houses in which defects were remedied after service of formal notices :
- (a) By owners 78
- (b) By Local Authority in default of owners 53

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :

- (i) Number of dwelling houses in respect of which Demolition Orders were made 1
- (ii) Number of dwelling houses demolished in pursuance of Demolition Orders 1

(d) Proceedings under Section 12 of the Housing Act, 1936 :

- (i) Number of separate tenements or underground rooms in respect of which Closing Orders were made 5
- (ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit Nil

Clearance Areas. The position at the end of 1952 was as follows :—

Area	Date of representation	Confirmation by Ministry of Health	No. of dwellings removed, vacated or demolished	No. of dwellings still occupied	No. of families in occupation
Waterloo Road No. 1	8.3.37	C.P.O.	14	—	—
Common Edge Rd. No. 3	9.2.38	30.6.39	7	2	2 (3½ persons)
Daggers Hall Lane No. 1	9.2.38	30.6.39	8	1	1 (1 person)
Vicarage Lane No. 1	9.2.38	30.6.39	11	—	—
Abbey Road No. 2	9.2.38	30.6.39	1	1	1 (2 persons)
Waterloo Road No. 2	9.2.38	30.6.39	5	1	1 (1 person)
Sedburgh Avenue No. 1	9.2.38	30.6.39	2	1	1 (1 person)

Camps, Caravans and Wooden Structures. There are a number of camping sites which received the approval of the Local Authority when the provisions of Section 87 of the Blackpool Improvement Act, 1925 had been complied with, and the accommodation of these sites allow for about 500 vans to be housed there.

The details of the accommodation are as follows :—

- Sea-Front Norbreck—about 300.
- Preston New Road District—(a) about 10 ; (b) about 20.
- Highfield Road District (Permanent site)—94.
- Squires Gate—about 22.
- Stanley Road—about 40.
- Common Edge Road—varying from 25 to 65.

Frequent inspections have been made of these camps, particularly during the summer months, and it has been found that generally they are conducted satisfactorily, although there has been overcrowding of the site at Norbreck. This camp will cease to be used as such after next year.

The department has experienced considerable difficulty with proprietors of movable structures who come to Blackpool, particularly during the summer months, and occupy ground with or without the permission of the owner. Consequently, legal proceedings have had to be instituted in a number of cases. Experience has proved that unless firm action is taken by the department, a problem would be created which it would be difficult to control.

Overcrowding. The extent of overcrowding in the Borough is unknown with any degree of exactitude, and only a complete survey would present the Local Authority with a true picture of the position. When serious cases of overcrowding are discovered, the facts in every instance, are reported to the Related Health Services Committee, and in those cases where the occupiers are eligible for a municipal tenancy, the Estates and Housing Committee are most sympathetic.

The Local Authority is not disposed to institute legal proceedings to enforce the provisions of the Housing Act, 1936, in respect of overcrowding, except in most exceptional cases.

Allocation of Municipal Tenancies. The Estates and Housing Department of the Corporation is responsible for the allocation of all municipal tenancies, but the closest liaison is maintained between that office and the Public Health Department concerning families living under unsuitable conditions. Detailed reports are sent in each case and it is customary for an inspection to be made of the existing conditions to ensure that no vermin is transferred to a municipal house from a previous residence.

The Borough Treasurer has furnished the following information regarding the various types of municipal houses erected in the post-war period ending 31st December, 1952.

Permanent—1 bedroom	...	...	...	...	...	154
Permanent—2 bedrooms	...	...	...	...	...	158
Permanent—3 bedrooms	...	...	...	...	...	1518
Permanent—4 bedrooms	...	...	...	...	...	74
Temporary bungalows	...	...	...	...	...	343

440 families were re-housed during the year and as at 31st December, 1952, the number of persons on the waiting list was 4,700.

RODENT CONTROL AND VERMIN AND INSECT DISINFESTATION

Rodent Infestation. The continuous search of premises for rodent infestation during the year entailed visits to 1,932 premises, summarized as follows :—

1192 Business Premises.

672 Dwelling Houses.

68 Open Spaces.

Of these, 24 premises were found to be infested. Orders for disinfection were received from the persons responsible in all cases, and the work was carried out with satisfactory results, by the departmental rodent control staff. The cordial relationship existing between the department and the general public has been maintained during the past year. In addition, the helpful co-operation of the Lancashire Agricultural Executive Committee, the Nationalized Industries, and the Officers of the Infestation Division of the Ministry of Agriculture and Fisheries has been much appreciated.

Surface Infestation. Under this heading, 806 complaints of rodent infestation were received or discovered. During the year, 161 premises were proved clear by test baiting, 597 premises, comprising 261 business premises and 336 dwelling houses received treatment. Premises treated included theatres, cinemas, hotels, warehouses, restaurants and cafes, and in addition, the abattoirs, tips, land, refuse disposal works, water-courses, and other premises belonging to the Local Authority received periodic inspection and treatment where necessary. During the year, the rodent control staff engaged on surface infestation made 7,582 visits.

It is interesting to note that during the period under review the department carried out laboratory and field work to test the efficacy of the new anti-coagulant rodenticides. These special preparations approved by the Ministry of Agriculture and Fisheries are (a) Warfarin I for the control of common rat infestations, and (b) Warfarin 5 for black rat and mice infestations. Warfarin is a complex synthetic chemical compound, closely allied to certain materials for the treatment of human thrombosis. Warfarin destroys the ability of blood to clot or coagulate on exposure to air. It is slow acting and a sufficient time must elapse for the rodents to develop a haemorrhagic condition, and to suffer capillary damage. During this time, they seem neither to feel pain, nor to undergo physiological disturbance with which they could associate resulting illness. Therefore no bait shyness or poison prejudice is produced. The department found this particularly useful when treating heavy infestations of house mice, whose natural resistance to most poisons is rated by leading authorities as being seven and a half times greater than that of the common rat. Warfarin differs from other rodenticides in being cumulative. A single dose, no matter how large, cannot kill, the rodents must feed on it regularly for a few days. While this is usual and to be expected in wild rodent populations, it is extremely unlikely with domestic animals or human beings. This constitutes a tremendous safety factor when dealing with rodent infestations in food establishments, institutes, or schools.

A number of different baits were used in the experimental stages, and it was found that medium grade oatmeal, being a natural anti-oxidant which prolongs the life of mixed baits, lends itself to a continuous baiting technique. After an area has been cleared of rodents, permanent baiting points may be established at strategic points. This will ensure that any rodents entering the area find acceptable food, start to feed, and are exterminated before they have a chance to establish themselves to do serious damage.

Sewer Treatments. Approved sewer treatments were carried out during the year as follows :—

CLASS	NO. OF MANHOLES	COMMENCED	COMPLETED	BAIT	POISON
Maintenance...	835	3.3.52	30.3.52	Bread Mash	Arsenious Oxide
10% Test ..	047	14.7.52	31.7.52	Sausage Rusk	—
Maintenance...	021	18.8.52	11.9.52	Sausage Rusk	Zinc Phos.

A divisional inspector of the Ministry of Agriculture and Fisheries, Infestation Division, was present at each stage of the above treatments, and certified that the correct procedure was adopted. The work involved 5,662 visits to sewers.

Insect Infestation. Treatment or advice has been given in 565 instances where infestation has been reported. Types of infestation and visits made are as follows :

					1st Visits	Revisits	Total Visits
Vermin, Bugs, Lice, Fleas	...	...	...	...	252	44	296
Cockroaches	...	...	...	...	122	442	564
Steam Flies	...	...	...	...	3	8	11
Ants	...	...	...	...	35	58	93
Moths	...	...	...	...	21	15	36
Wood Borers	...	...	...	...	56	62	118
Flies	...	...	...	...	7	—	7
Food Pests	...	...	...	...	4	—	4
Other Pests	...	...	...	...	65	62	127
					565	691	1256

The above figures show an increase of 261 visits over the figures for 1951. This upward trend is almost solely due to the increase in the number of complaints of cockroach infestation, and this in turn may be due to local publicity following the high degree of efficiency reached in this field of control.

During the period under review, the department utilized the latest development in the field of smoke insecticides for the eradication of insect pests. The use of the odourless gamma isomer of benzene hexachloride proved to be outstandingly successful for the extermination of the common cockroach. This method of fumigation, besides giving a large initial kill, deposits a microscopic film on all surfaces both accessible and inaccessible. The film is effective against reinfestation for several months after only one treatment. The possibility of the film tarnishing metal, noticed during the experimental stages, was successfully overcome by the use of ampoules of 88 ammonia as a neutralizing agent.

The fears expressed in some quarters that smoke insecticides induced a mass migration of insects, rather than extermination, has been proved groundless. To test this suggestion, the department undertook work of cockroach disinfestation in two large detached premises, a golf club house, and a public house. In no instance were insects found outside the premises during or after disinfestation. The occupiers reported that they were very satisfied with the results, no further infestation being noted during the six months the department kept these premises under observations.

RODENT CONTROL SUMMARY, JANUARY - DECEMBER 1952

CONTINUOUS SEARCH ANALYSIS OF PREMISES EXAMINED (SURVEY)				SURFACE INFESTATION						TYPE OF PREMISES TREATED			RODENT CONTROL OF SEWERS				
Month	Business Premises	Dwelling Houses	Open Spaces	No. of Visits	No. of Complaints of Infes- tations discovered	Premises proved clear by investi- gation or test baiting	No. of Premises treated with poison	For Rats	For Mice	Business Premises	Dwelling Houses	No. of visits	Annual 10% Test	Mainte- nance Treatment	Bait and Poison Used	Poison Bait Take	Est. Kill
Jan.	357	105	8	470	77	16	57	5	52	33	24	650	—	—	—	—	—
Feb.	129	36	8	173	61	12	59	12	47	27	32	777	—	—	—	—	—
Mar.	28	12	4	44	49	10	40	9	31	25	15	483	—	835MH 3.3.52 to 30.3.52	BM A	C P 2 93	522
April	126	14	3	143	63	13	43	4	39	17	26	524	—	—	—	—	—
May	87	134	3	224	69	17	50	7	43	10	40	656	—	—	—	—	—
June	86	42	9	137	42	10	42	5	37	26	14	524	—	—	—	—	—
July	52	35	3	90	45	1	28	3	25	15	13	397	647MH 14.7.52 to 31.7.52	—	SR	—	—
Aug.	147	47	4	198	64	2	45	16	29	19	26	488	—	—	—	—	—
Sept.	26	36	2	64	63	29	47	4	43	19	28	606	—	621MH 18.8.52 to 11.9.52	SR ZP	—	—
Oct.	49	95	6	159	108	16	68	9	59	27	41	787	—	—	—	—	—
Nov.	50	47	18	115	81	13	67	10	57	22	45	846	—	—	—	—	—
Dec.	55	69	—	124	84	22	51	10	41	19	32	844	—	—	—	—	—
Year	1192	672	68	1932	806	101	597	94	503	261	336	7582	—	—	—	—	—

N.B.—M.H. = Manholes. SR = Sausage Rusk. BMA = Bread Mash Arsenic. ZP = Zinc Phosphide. C = Complete. P = Partial.

VERMIN AND INSECT SUMMARY REPORT 1952

Month	No. of Com- plants	Vermine, bugs, lice, fleas		Cockroaches		Steam Fly		Ants		Moths		Woodboring Insects		Flies		Food Pests		Other Pests		Insects sent to office for identification	Visits		Total Visits
		1st	Rev.	1st	Rev.	1st	Rev.	1st	Rev.	1st	Rev.	1st	Rev.	1st	Rev.	1st	Rev.	1st	Rev.		1st	Rev.	
Jan.	31	16	4	8	11	—	4	—	1	—	—	4	7	—	—	—	—	3	—	—	31	27	58
Feb.	45	25	—	3	24	—	2	—	9	2	—	9	9	—	—	—	—	6	4	5	45	50	95
Mar.	21	15	1	3	8	—	—	—	9	—	—	2	1	—	—	—	—	—	—	11	21	19	40
April	42	11	2	20	41	1	—	4	2	2	1	1	1	—	—	—	—	3	5	12	42	52	94
May	73	37	2	16	78	1	—	12	7	1	1	2	5	—	—	—	—	4	2	35	73	95	108
June	51	13	0	17	96	—	—	2	7	3	3	10	11	1	—	—	—	5	5	39	51	130	181
July	61	18	8	17	37	—	—	7	12	2	3	6	3	3	—	1	—	10	7	48	61	70	131
Aug.	84	31	2	17	41	—	—	8	8	4	2	8	10	1	—	2	—	16	8	31	84	71	153
Sep.	59	36	—	5	26	—	—	—	1	2	1	5	2	2	—	1	—	11	22	26	59	52	111
Oct.	37	25	11	4	14	—	—	—	—	1	—	3	7	—	—	—	—	4	6	17	37	38	75
Nov.	21	7	2	5	32	—	—	—	—	3	2	4	6	—	—	—	—	2	3	12	21	45	66
Dec.	31	18	3	7	35	1	2	2	2	—	—	2	—	—	—	—	—	1	—	8	31	42	73
Year	556	252	44	122	442	3	8	35	58	21	15	56	62	7	—	4	—	65	92	244	556	691	1256

GENERAL FOOD SUPPLY

Meat Inspection. There are no private slaughterhouses in the Borough, and all animals slaughtered for human consumption are killed at the public abattoirs which were taken over by the Ministry of Food in 1940, and are still used as a central slaughtering establishment for Blackpool and most of the district around. Extensive repairs to the building have become necessary, and negotiations are in progress with the Ministry of Food regarding a contribution to be made by the Central Government towards the actual cost of the works.

Representations have been made by the trade regarding the absence of cooling facilities at this establishment, and there can be no doubt that when control of livestock and meat finishes, a certain amount of modernisation will have to take place at these abattoirs, and this must include proper cooling of the finished product. Other aspects of reconstruction will depend on whether the Council and the trade decide to retain the separate booth system of slaughtering, or whether the line dressing system will be adopted. Fortunately, when the extensive repairs have been carried out, the main part of the structure could easily be adapted to any particular system which is decided upon.

The undermentioned tables show (a) the number of animals which have been slaughtered during the last 15 years, and (b) details of carcasses inspected and condemned.

Year	Cows	Heifers	Bullocks	Bulls	Calves	Sheep	Pigs	Total
1938	569	5423	2444	67	1045	69579	4639	83766
1939	1172	5902	2994	86	957	70649	5905	87665
1940	2005	3975	2318	107	4075	73754	8316	94550
1941	2301	2433	2998	187	5034	48261	4192	65406
1942	2109	2751	3895	181	8081	62171	1144	80332
1943	2532	2299	3758	183	10444	48843	696	68755
1944	2678	2138	2435	170	9544	45627	691	63283
1945	2837	2686	4462	192	10764	40450	1258	62649
1946	4075	2391	4968	154	11671	54015	607	77881
1947	3224	2273	4093	108	7929	24932	290	42849
1948	4075	1938	3397	129	7589	36015	550	53693
1949	4610	2230	2691	204	6202	34276	711	50924
1950	5606	4127	3249	303	7257	36593	2032	59167
1951	5361	5119	3376	294	7408	34885	4248	60661
1952	3749	4546	2889	175	7477	38212	7663	64711

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	7610	3749	7477	38212	7663
Number inspected	7610	3749	7477	38212	7663
<i>All diseases except T.B.—</i>					
Whole carcasses condemned	4	5	120	47	61
Carcasses of which some part or organ was condemned	5201	2939	14	978	1050
Percentage of the number inspected affected with disease other than T.B...	68.3	78.5	1.8	2.7	14.5
<i>Tuberculosis Only—</i>					
Whole carcass condemned	21	87	18	—	8
Carcasses of which some part or organ was condemned	809	852	—	—	767
Percentage of the number inspected with tuberculosis	10.9	25.1	.23	—	10.1

The inspection of the meat at this slaughterhouse is carried out by a full-time Abattoir Superintendent who is a fully qualified meat inspector and who is assisted by other sanitary inspectors holding appropriate qualifications as and when circumstances deem it necessary.

Cysticercus Bovis. Perusal of the Annual Reports for 1949, 1950 and 1951 show in considerable detail the result of the department's efforts in its investigation into the presence of *Cysticercus bovis* in cattle.

Early in 1949, a special technique of numerous incisions was inaugurated both in the masseter muscles, and the heart, and as a result of this, the percentage of cattle found to be infested in Blackpool was higher than at any other slaughtering centre in the country.

Our previous views, prophesying a decline in the incidence of the infestation have been fully confirmed, and reference to the following table and attached graph demonstrate quite clearly the continued fall in the number of infested carcasses. It is interesting to record that there were no generalised cases found during the year, as against two in each of the three years, 1949, 1950 and 1951.

**INCIDENCE OF CYSTICERCUS BOVIS IN ANIMALS SLAUGHTERED AT BLACKPOOL
ABATTOIRS DURING 1952.**

	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
Slaughtered	616	499	387	631	355	289	1344	2204	1859	1612	909	654	11359
Infested	6	14	4	10	8	6	42	51	35	24	8	11	219
Per Cent	.97	2.8	1.0	1.6	2.3	2.1	3.1	2.3	1.9	1.5	.9	1.7	1.9

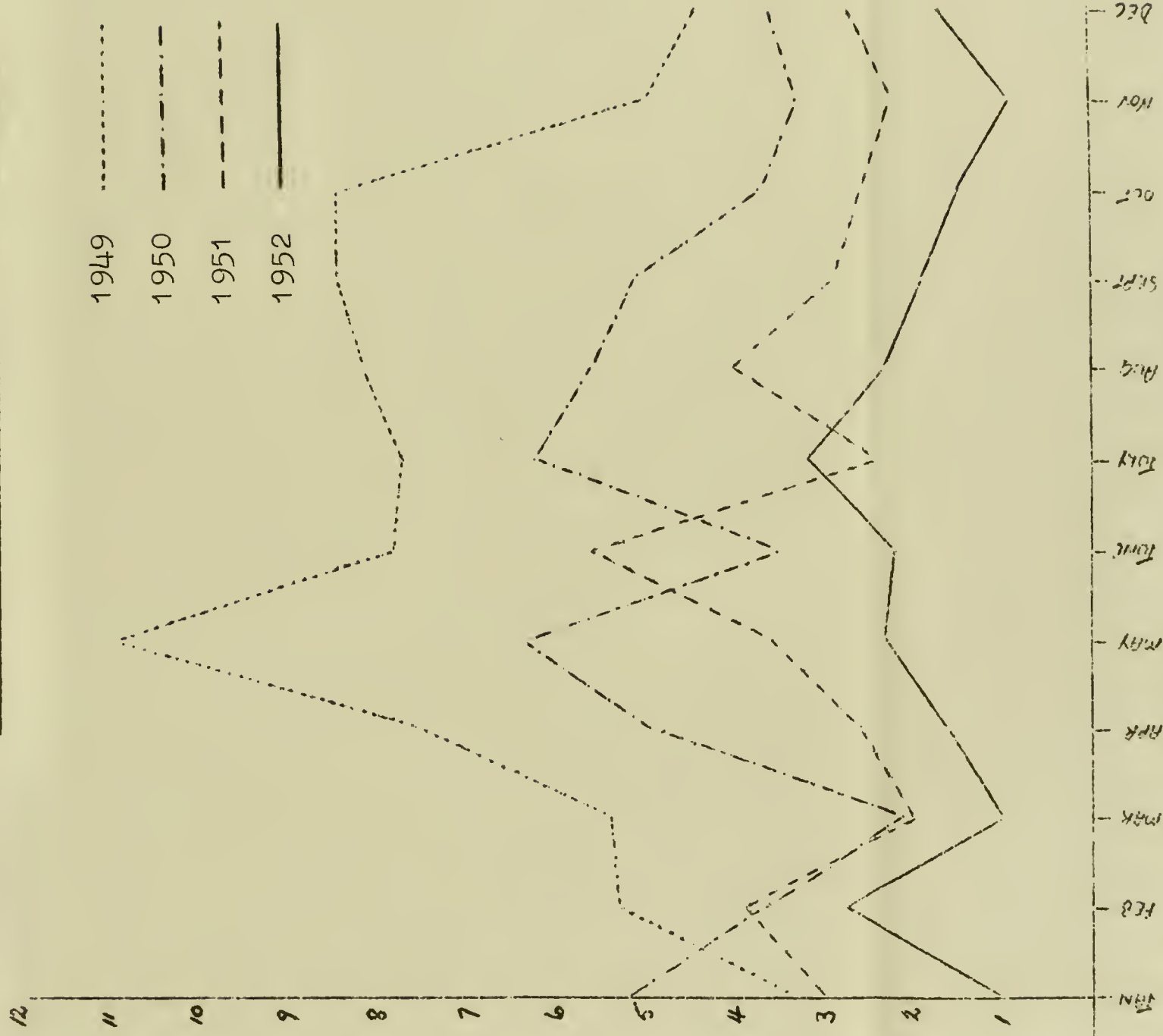
Transport of Meat. In the Annual Report for 1951 reference was made to the discussions which had taken place between representatives of the company which transport the meat from the slaughterhouse to the shops, employees of the firm, and the Chief Sanitary Inspector as to the most suitable type of vehicle to prevent contamination of the meat. The whole of the vehicles have now been converted to the requirements of the department.

The employees are still carrying out the recommendations made to them last year and it is fair to state that the transport of meat from the abattoirs to the retail shops in this area is reasonably satisfactory.

Food Inspection. During the past twelve months the undermentioned food-stuffs were condemned as unfit for human consumption. This is in addition to the meat condemned at the Public Slaughterhouse.

	Units 485	Pounds 32602	Bags/Boxes 1017	Tins/Jars 18025
Biscuits	—	94	2	2
Meat (tinned)	—	4166	—	1898
Bacon and Ham	—	6525	—	874
Fish (fresh)	—	1643	13	—
Shellfish	—	223	11	115
Fruit (fresh)	—	992	27	—
Vegetables (fresh)	—	6230	110	—
Meat (fresh)	10	70	—	8
Fish (tinned)	—	170	—	460
Fruit (tinned)	—	7211	6	10375
Vegetables (tinned)	—	2218	—	2332
Milk (tinned)	—	28	—	636
Butter and Fats	—	467	12	—
Jams and Marmalades, etc.	—	121	—	99
Tea and Coffee	—	9	—	4
Rabbits	54	479	5	87
Poultry	56	161	—	19
Cheese	45	365	676	4
Eggs	—	56 dried	—	—
Cereals	—	106	77	4
Sweets	—	106	—	1
Soup	—	39	—	709
Miscellaneous	320	1143	78	407

INCIDENCE OF CYSTICERCUS BOVIS IN ANIMALS SLAUGHTERED
AT BLACKPOOL ABATTOIRS DURING 1949/50/51/52.



Sale of Horseflesh. For the first time in the County Borough a shop has been opened for the sale of horseflesh for human consumption and in these days of meat shortages a good business has been built up. The Local Authority is satisfied that the horseflesh is from sound animals, that they are slaughtered under proper conditions and their main concern was to ensure that it was retailed in sound condition and none of it, without a proper declaration, was used in cafes, boardinghouses and restaurants. It was found in one case that horseflesh steak was being sold in a cafe in the town and a successful prosecution was instituted in April.

Mussels from the Piers. No further complaints were received during the year about mussels being taken from underneath the piers and apparently the boards which were fixed by the Local Authority with the consent of the Pier Companies, warning people that the mussels were unfit for human consumption, must have had a salutary effect.

Foreign matter in food. The considerable increase of publicity in recent years on connection with food hygiene has certainly brought about closer co-operation with the general public with the result that people are far more courageous in reporting to the Local Authority instances in which they feel their interests are being jeopardised. This is especially so in the cases of foreign matter in foodstuffs and the year 1952 has witnessed a considerable increase in complaints of this nature. These included :

- Insects in tinned fruit.
- Dirty milk bottles.
- Match stick in loaf of bread.
- Unidentifiable object in loaf of bread.
- Insect in loaf of bread.
- Piece of metal in rock.
- Piece of limewashing in lemon cheese tart.
- Bullet in stewed steak.
- Mouse excrement in rolled oats.

Food Hygiene. Byelaws made under Section 15 of the Food and Drugs Act, 1938, have considerably strengthened the efforts of the department in respect of Clean Food handling during 1952. It was, however, necessary for a number of prosecutions to be taken for breaches of these byelaws in respect of food being exposed for sale and liable to contamination.

One of the main objections of the stall traders is that by covering up their products, even with transparent glass, their sales are affected and when they are busy in the evenings and week-ends there is a tendency to put sales value before health considerations. On the whole, however, it is fair to say that the stalls on the Promenade have improved during the past few years beyond recognition and our main criticism at the moment is against some of the stalls on the sands, especially regarding the provision of hot water in proper containers. Special attention will be given next year to these stalls and no doubt the Local Authority will review the minimum requirements which they made in 1951.

Food Hygiene Lectures. Further short courses of lectures were held during the year on afternoons and evenings of different days in the week in order to suit all classes of traders, but whilst the response at the evening session was quite good, that at the afternoon session fell well below expectations. Over 1,000 circulars were sent to various traders within the Borough and the total attendances at the two classes was in the region of 120.

It is extremely difficult in seaside resorts where labour is so transitional for consistent interests to be kept in courses of this nature and consequently the department realises that continuous inspections and more frequent contact between the proprietor and the sanitary inspector employed on this work is essential.

It is of the utmost importance in any town where catering forms a major industry, that food hygiene continues to be uppermost in the minds of those responsible for that particular service and experience has proved that a most effective measure in achieving this object is intimate talks and not lectures from a platform.

Bakehouses. A special survey of the bakehouses was made during the year for the main purpose of ascertaining the extent to which the byelaws were being complied with and it is pleasing to report that the general standard of cleanliness was again found to be good. It was disturbing, however, to find the indifference shown to the fixing of notices requesting the washing of hands, as required by Clause 6 (d) of the Byelaws made under Section 15 of the Food and Drugs Act, 1938.

In premises of this nature, it is most important to ensure that the hands are properly cleansed and whilst to some managements and employees the fixing of a notice may seem somewhat trivial it is only by constant reminders of this kind that people will get into the habit of carrying out this practice after using the sanitary conveniences.

Washing up facilities in Bars and Licensed Premises. Early in the year a detailed survey was made of the services available for the washing of glasses in licensed premises within the borough. The survey covered 102 public houses and 11 places of entertainment. The number of bars was, of course, considerably in excess of these figures as several establishments had more than one servery. As one would expect, all the premises had been equipped in each bar with a constant supply of cold water and at least one sink which are essential requisites of a business of this nature. There was, however, considerable variance in the supply of hot water and in the use of detergents and bactericides.

There were four main sources of supply of hot water in the bars, viz.,

- (a) from an independent boiler which apart from any fuel shortage is normally satisfactory,
- (b) the instantaneous heater, either gas or electric, which is normally satisfactory.
- (c) a supply heated from the back boiler of the domestic part of the premises, which could not be relied upon in a fuel shortage, nor during the summer time when domestic fires are unnecessary.
- (d) washing coppers and kettles. There were a few cases where the water was heated in the normal type of domestic boiler or kettles.

In spite of the absence of sterilisation rooms and the difficulty in coping with certain peak periods, the Local Authority considered that there were certain practical measures available for the licensees to take, without incurring considerable expense, and it was decided that the minimum standard to be adopted in these establishments should be as follows :

- (a) There should be a continuous and constant supply of hot water in all bars.
- (b) There should be automatic dispensers for detergents installed over the sinks in all cases.
- (c) The trade should be requested to use in the sinks, for the washing of the glasses, a detergent which also has bactericidal properties.
- (d) When alterations to bars are carried out, twin sinks should be installed so that one can be used for washing and the other for rinsing.
- (e) The trade should be asked to ensure that an adequate supply of towels be provided so that they can be changed frequently.

Communications were sent by the Chief Sanitary Inspector to all proprietors of licensed premises and a copy of the report was sent to the Clerk to the Licensing Justices and to the Chief Constable.

Further reference to the progress by the department will be made in the 1953 Annual Report.

Food Premises. The following is a list of shops in the borough where food is exposed for sale :

Butchers' meat	211
Fish and greengrocery	113
Grocery, provisions and confectionery	519
Restaurants, cafes and tea rooms	285
Sweet confectionery	164
Tripe shops	75
Oyster stalls	24
Fish and chip shops	140

Milk Supply. The following is a list of milk purveyors in the borough :

Milk stores	6
Milk shops selling by retail (loose milk)	4
Dairymen's premises not including farmers	43
Distributors of milk	282
Dairymen using registered dairies other than own premises	13

Milk (Special Designations) Regulations, 1949 and 1950. The following licences under the above regulations were in operation at the end of the year 1951.

Licensed Bottling Establishments :

Tuberculin Tested—at farms	1
Pasteurised	2

Dealers' Licences :

Tuberculin Tested and Tuberculin Tested (Pasteurised)	53
Pasteurised	224
Sterilised	159

Supplementary Licences :

Tuberculin Tested and Tuberculin Tested (Pasteurised)	3
Pasteurised	4
Sterilised	3

Milk and Ice Cream Analysis. The following statistics relate to the chemical and bacteriological examination of milk and ice cream.

CHEMICAL ANALYSIS OF MILK

The number of milk samples taken was 125.

The average composition of the milk for the year was :

Milk Fat	3.64%
Non-fatty solids	8.84%
Water	87.52%

BACTERIOLOGICAL EXAMINATION OF MILK

10 samples of non-designated milk were examined for the presence of tubercle bacilli and all proved satisfactory. 10 samples were also submitted to the methylene blue test and 5 of these proved unsatisfactory.

The following tables show the results of samples taken under the Milk (Special Designations) Regulations, 1949.

METHYLENE BLUE TEST

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
T.T. (Pasteurised)	42	—	—	—
T.T. (Certified) or Tuberculin Tested	111	8	—	—
Pasteurised	77	—	55	—

PHOSPHATASE TEST

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
T.T. (Pasteurised)	42	—	—	—
Pasteurised	77	—	55	—

ANIMAL INOCULATION TEST

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
T.T. or Certified	18	—	—	—
Pasteurised	3	—	3	—
T.T. (Pasteurised)	3	—	—	—

TURBIDITY TEST

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Sterilised	41	—	14	—

Ice Cream Supply. The report set out below was submitted to the Related Health Services Committee, and shows in detail the action taken by the department in connection with the manufacture and sale of ice cream :—

INTRODUCTION

The number of manufacturers of ice cream has shown only a slight reduction, but there has been a marked increase in the purveyors, which now reach the large figure of 459.

	Mix	1939	1950	1951	1952
Manufacturers	Pasteurised ..	5	—	—	—
	Boiled ...	67	—	—	—
	Heat Treated ...	—	49	32	31
	Cold ...	23	2	3	1
	Total ...	95	51	35	32
Purveyors	Pasteurised ..	134	—	—	—
	Boiled ...	85	—	—	—
	Heat Treated ...	—	343	376	458
	Cold ...	23	2	4	1
	Total ...	242	345	380	459

PREMISES

The structural condition of buildings used in connection with the manufacture of ice cream remain reasonably satisfactory. Compared with previous years, there has been little change in the type of building used.

Class of Manufacture	No. of rooms available			Total
	1	2	3	
Heat Treated Mix	5	22	4	31
Cold Mix	—	1	—	1
	5	23	4	32

It is again pleasing to report that all the ice cream stalls on the sands complied with the requirements of the bye-laws relating to the sale of food in the open air.

As to the stalls on the Promenade and other forecourts, there were two cases where the cutting of ice cream blocks into wafers took place in exposed positions without adequate protection. Steps will be taken to ensure that a repetition of this will be avoided during 1953.

EQUIPMENT

The Committee will recollect that in the last report, reference was made to a number of manufacturers who had not fully complied with the requirements of the heat treatment regulations. **During the year, all omissions have been rectified.**

ANALYSIS OF RESULTS

During the year, many samples were taken for analysis. **Thirty-five** for chemical, and **one hundred and five** for bacteriological examination.

CHEMICAL

(a) Two legal standards governed the composition of ice cream during 1952.

(i) The Food Standards (Ice Cream) Order, 1951, which continued in force until 6th July, 1952, after which date the minimum constituents were varied by the

(ii) Food Standards (Ice Cream) (Amendment) Order, 1952.

In making the revised standard, the intention of the Minister of Food was to avoid a reduction in the supply of ice cream resulting from reduced allocations of milk powder and fats to manufacturers. The variation in standard is indicated below :—

Ingredient	1951 Order	1952 Order
Fat	5%	4%
Sugar	10%	10%
Milk solids other than fats	7½%	5%

In both Orders, variations were allowed in the case of ice cream containing fruit, and kosher products.

During the year, 1 sample showed a deficiency in fat content, and in this case successful legal proceedings were instituted.

- (b) A comparative classification of the fat content in the samples for the two years 1952 and 1951 is shown in the following tables.

Classification of Fat Content %						1952	1951
Over 3	Below 3	...	...	...	...	1	—
Over 4	Below 4	...	...	...	...	2	5
Over 5	Below 5	...	...	...	...	4	1
Over 6	Below 6	...	...	...	...	6	4
Over 7	Below 7	...	...	...	...	3	7
Over 8	Below 8	...	...	...	...	5	4
Over 9	Below 9	...	...	...	...	2	2
Over 10...	Below 10	...	...	...	...	12	4
Totals						35	46

The average fat content of all samples was 8.2% compared with 8.4% during 1951, indicating that in spite of the reduced legal requirements, the average fat content has remained at a satisfactory level.

- (c) The average fat content of samples taken from manufacturers whose products are sold from stalls on the sands was 8.7% compared with 8.1% during 1951. The details of individual samples are as follows:—

Manufacturer	1	2	3	4	5	6	7	8	9	10
% Fat	7.8	7.0	11.9	7.1	10.0	6.6	6.1	10.3	12.1	8.7

BACTERIOLOGICAL

The following table shows the grading of the one hundred and ten samples submitted for examination by the methylene blue test.

Class of Mix	Provisional Grade				Totals
	1	2	3	4	
Heat Treated ...	55	13	12	23	103
Cold	1	—	1	—	2
	56	13	13	23	105

66.7% were within Grades 1 and 2 as compared with 66.4% during 1951.
33.3% were within Grades 3 and 4 as compared with 33.6% during 1951.

The percentage improvement in samples falling within grades 1 and 2 would have been greater had it not been for a series of unsatisfactory results from 2 manufacturers. In one case, repeated sterilisation achieved the desired improvement, but in the second case a full report to the Related Health Services Committee was necessary. The Local Authority warned the manufacturer, and it is expected that there will be considerable improvement during 1953.

SUMMARY

- (i) The number of ice cream manufacturers has been practically unchanged. The premises in use are structurally satisfactory, and suitably equipped, and a further serious reduction in the manufacturers is not anticipated. The number of purveyors again shows a substantial increase.
- (ii) Thermometers have been fitted to manufacturing plant, to the satisfaction of the Local Authority.
- (iii) The results of the chemical analyses have shown that a reasonable standard has been maintained.
- (iv) Bacteriological results were satisfactory in the main apart from samples from 2 manufacturers. In these cases, close supervision was maintained, and it is hoped that future results will be satisfactory.

Informal			Nature of Sample	Formal		
Genuine	Not Genuine	Ref. No.		Genuine	Not Genuine	Ref. No.
—	—	—	Apple (Liquid) ...	1	—	—
—	—	—	Baking Powder ...	8	—	—
—	—	—	Beef Suct ...	1	—	—
—	—	—	Bev. ...	1	—	—
—	—	—	Bicarbonate of Soda ...	4	—	—
—	1	109	Biscuits ...	—	—	—
—	—	—	Blane-mange Powder ...	1	—	—
—	—	—	Bread and Butter ...	—	2	59 and 164
—	—	—	Butter ...	17	—	—
—	—	—	Cake Mixture ...	—	1	85
—	—	—	Capers ...	1	—	—
1	—	—	Cheese ...	2	1	142
—	1	235	Cheese Spread ...	—	6	84, 241, 324, 327, 352, 421
1	—	—	Chicken Sandwich ...	—	—	—
—	—	—	Chico ...	1	—	—
—	—	—	Cinpolata Savouries ...	—	1	140
—	—	—	Chips ...	1	—	—
—	—	—	Christmas Pudding ...	1	—	—
—	—	—	Cocoa ...	1	—	—
1	—	—	Cookies ...	—	—	—
—	—	—	Coffee ...	14	—	—
—	—	—	Cooking Fat ...	19	—	—
1	—	—	Cream ...	—	—	—
1	—	—	Cream Powder ...	—	—	—
—	—	—	Creamola ...	1	—	—
1	—	—	Cream of Tartar ...	2	—	—
—	—	—	Custard Powder ...	1	—	—
1	—	—	Corn Flakes (examined for foreign body) ...	—	—	—
—	—	—	Cut Mixed Peel ...	1	—	—
1	—	—	De-Ode ...	—	—	—
—	—	—	Dessert Powder ...	2	—	—
—	—	—	Dried Onions ...	1	—	—
—	—	—	Frizets ...	1	—	—
1	—	—	Fizzer (Orange Flavoured) ...	—	—	—
—	—	—	Gelatine ...	1	—	—
—	—	—	Ginger Wine ...	1	—	—
—	—	—	Glace Cherries ...	4	—	—
—	—	—	Golden Raising Powder ...	1	—	—
1	—	—	Grapefruit ...	—	—	—
—	—	—	Grapefruit Squash ...	1	—	—
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—	—	—	Ground Almonds ...	3	—	—
—	—	—	Ground Ginger ...	4	—	—
—	—	—	Ground Rice ...	1	—	—
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—	1	3	Ham Loaf ...	—	—	—
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—	—	—	Jam ...	—	—	—
—	—	—	Jelly ...	2	—	—
—	—	—	Jelly Crystals ...	1	—	—
—	—	—	Lemonade ...	1	—	—
—	1	—	Lemon Cheese (examined for foreign body) ...	—	—	—
—	—	—	Lemon Squash ...	1	—	—
—	—	—	Lobster ...	1	—	—
11	—	—	Lollies ...	—	—	—
—	—	—	Malted Milk ...	1	—	—
—	—	—	Margarine ...	19	—	—
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—	—	—	Orange Squash ...	2	—	—
—	—	—	Palm Kernal Oil ...	—	—	—
—	—	—	Pancake Mixture ...	1	—	—
—	—	—	Peaches ...	1	—	—
2	—	—	Pepper ...	8	—	—
—	—	—	Pepper Flavoured Compound ...	1	—	—
—	—	—	Pineapple Syrup ...	1	—	—
—	—	—	Polony ...	1	—	—
3	—	—	Pork ...	—	—	—
—	—	—	Pork Brawn ...	1	—	—
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—	—	—	Semolina ...	1	—	—
—	—	—	Shrimps ...	2	—	—
—	—	—	Sponge Mixture ...	8	—	—
—	—	—	Steak ...	1	—	—
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1	—	—	Sweet Fat ...	—	—	—
—	—	—	Sweets ...	5	—	—
1	—	—	Synthetic Cream ...	—	—	—
—	—	—	Veal and Ham Roll ...	1	—	—
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—	1	400	Whey Cream ...	—	—	—
—	—	—	Whisky ...	8	—	—
—	—	—	Wine (Ginger) Non-alcoholic ...	1	—	—
47	6	—		357	24	—

Food and Drugs Act, 1938. During the year, 434 samples were taken under the Act and the results received from the Public Analyst are detailed below :

The action taken by the department in respect of certain samples was as follows :—

Pork Sausage	Informal Sample No. 2	The sample was deficient of 15 % of its meat. Follow-on sample to be taken. (See formal sample No. 32).
Ham Loaf	Informal Sample No. 3	The sample contained four grains of tin per lb. No action taken.
Malt Vinegar	Formal Sample No. 11	The sample was deficient of 52 % of its Acetic Acid. Reported to the Related Health Services Committee on the 3rd March, 1952, and legal proceedings were instituted. The case was heard at Blackpool Magistrates Court on the 20th March, 1952, and the defendant was fined 10/- plus 10/6d. costs.
Milk	Formal Sample No. 21	The sample was deficient of 4 % of its fat. Reported to the Related Health Services Committee on the 3rd March, 1952. As the milk was produced in the County area, the matter was brought to the notice of the County Medical Officer.
Pork Sausage	Formal Sample No. 32	The sample was deficient of 30% of its meat. Reported to the Related Health Services Committee on the 3rd March, 1952. The matter was brought to the notice of the Ministry of Food as the appropriate authority to take action.
Grilled Steak and Chips	Formal Sample No. 58	The sample was horseflesh. Reported to the Related Health Services Committee on the 31st March, 1952. Legal proceedings were instituted, and the case was heard at Blackpool Magistrates Court on the 16th April, 1952. The defendant was fined £5 in respect of horseflesh sold as steak, and fined £2 for not having a sign displayed re selling of horseflesh.
Bread and Butter	Formal Sample No. 59	The bread and butter was, in fact, bread and margarine. Reported to the Related Health Services Committee on the 31st March, 1952. Legal proceedings were instituted and the case was heard at Blackpool Magistrate's Court on the 16th April, 1952. Defendant was fined 10/- in respect of "butter" on bread being margarine, plus £2 2s. costs on the whole case.

- Cheese Spread** **Formal Sample No. 84** The sample contained 11% excess water. Reported to the Related Health Services Committee on the 31st March, 1952. The matter was referred to the Ministry of Food, who recommended that no action be taken, as the composition of cheese spread was under consideration by the Food Standards Committee at that time.
- Cake Mixture** **Formal Sample No. 85** The sample was extensively infested with mites. Reported to the Related Health Services Committee on the 31st March, 1952. The retailer surrendered the remainder of his stock.
- Boudoir Biscuits** **Informal Sample No. 109** The Sample was slightly contaminated with disinfectant. Reported to the Related Health Services Committee on the 28th April, 1952. The Retailer surrendered the remainder of his stock for destruction.
- Beef Sausage** **Formal Sample No. 121** The sample was deficient of 40% of its meat. Reported to the Related Health Services Committee on the 28th April, 1952, and the matter was referred to the Ministry of Food, as the appropriate authority to take action.
- Chipolata Savouries** **Formal Sample No. 140** The sample was sausage deficient of 44% of its meat. Reported to the Related Health Services Committee on the 30th May, 1952, and the matter was brought to the notice of the Ministry of Food as the appropriate authority to take action.
- Cheese Spread** **Formal Sample No. 142** The sample contained 10% excess water. Reported to the Related Health Services Committee on the 30th May, 1952, and referred to the Ministry of Food, who recommended that no action be taken, as the establishment of a standard for the composition of cheese spread is under consideration by the Food Standard Committee.
- Pudding Mixture** **Formal Sample No. 152** The sample was extensively infested with mites. Reported to the Related Health Services Committee on the 7th July, 1952. No action taken, as when the retailer was notified of the analyst's report, he had no further stock of this particular mixture.

Bread and Butter	Formal Sample No. 164	The sample was bread and margarine. Reported to the Related Health Services Committee on the 30th May, 1952, and the Town Clerk was instructed to send a warning letter to the vendor.
Beef Sausage	Formal Sample No. 205	The sample was deficient of 32 % of its meat. Referred to the Ministry of Food, after being reported to the Related Health Services Committee on the 1st September, 1952. The Ministry of Food Joint Food Control Committee instituted legal proceedings and the defendant was fined £10 and £4 4s. 0d. costs.
Milk	Formal Sample No. 208	The sample was deficient of 5% of its fat. Reported to the Related Health Services Committee on the 1st September, 1952, and the County Medical Officer of Health was notified, as the milk was produced at a farm in the County area.
Cheese Spread	Informal Sample No. 235	The sample contained 10% excess water. Reported to the Related Health Services Committee on the 1st September, 1952, and referred to the Ministry of Food. No action taken as the legal position of this product was under consideration by the Food Standards Committee.
Cheese Spread	Formal Sample No. 241	The sample contained 4% excess water. Reported to the Related Health Services Committee on the 1st September, 1952, and referred to the Ministry of Food. No action was taken as the legal position of this product was under consideration by the Food Standards Committee.
Ice Cream	Formal Sample No. 269	The sample was deficient of 20% of its fat. Reported to the Related Health Services Committee on the 1st September, 1952. The Town Clerk was authorised to institute legal proceedings and the defendant was fined £2 and £1 1s. 0d. costs at Blackpool Police Court on 20th October, 1952.
Pork Sausage	Formal Sample No. 299	The sample was deficient of 4% of its meat. Reported to the Related Health Services Committee on the 1st September, 1952. The Town Clerk was authorised to send an appropriate letter to the retailer drawing his attention to the report.

- Cheese Spread** **Formal Sample No. 324** The sample contained 10% excess water. Reported to the Related Health Services Committee on the 29th September, 1952, and referred to the Ministry of Food. No action was taken as the legal position of this product was under consideration by the Food Standards Committee.
- Cheese Spread** **Formal Sample No. 327** The sample contained 12% excess water. Reported to the Related Health Services Committee on the 29th September, 1952, and referred to the Ministry of Food. No action was taken as the legal position of this product was under consideration by the Food Standards Committee.
- Cheese Spread** **Formal Sample No. 352** The sample contained 4% excess water. Referred to the Ministry of Food. No action was taken, as the establishment of a legal standard for this product was under consideration by the Food Standards Committee.
- Beef Sausage** **Formal Sample No. 375** The sample was deficient of 20% of its meat. Reported to the Related Health Services Committee on the 27th October, 1952. Referred to the Ministry of Food as the appropriate authority to take action. Legal proceedings instituted by the Ministry of Food, and the defendant was fined £2 and £2 2s. 0d. costs at Blackpool Police Court on the 16th January, 1953.
- Rum and Butter Sweets** **Formal Sample No. 380** The sample was deficient of 81% of its fat. Reported to the Related Health Services Committee on the 24th November, 1952. The Town Clerk was authorised to institute legal proceedings. The defendant was given conditional discharge on payment of 25/- costs at Blackpool Police Court on the 22nd December, 1952.
- Rolled Oats** **Formal Sample No. 407** The sample contained a foreign substance which was mouse excrement. Reported to the Related Health Services Committee on the 24th November, 1952. The remaining stock was withdrawn from sale. The Town Clerk was authorised to institute legal proceedings.
- Lemon Cheese** **Informal Sample—Unnumbered** The sample contained a foreign substance which was Calcium Carbonate. Reported to the Related Health Services Committee, and a letter was sent to the vendor drawing his attention to the matter.

Whey Cream Informal Sample No. 409

The sample was reconstituted cream. Reported to the Related Health Services Committee. Action was deferred for the time being.

Cheese Spread Formal Sample No. 421

The sample contained 10% excess water. Reported to the Related Health Services Committee on the 5th January, 1953, and referred to the Ministry of Food. No action was taken as the establishment of a legal standard for this product was under consideration by the Food Committee.

Fertiliser and Feeding Stuff Act, 1926. During the year 12 samples were taken under the Act and the results received from the Public Analyst are detailed below :

Informal Samples		Nature of Sample	Formal Samples	
Taken	Not Genuine		Taken	Not Genuine
1	—	Laying Mash 1A	—	—
1	—	Pullets Layers 1A	—	—
1	—	Barley Meal	—	—
1	—	Clays Fertiliser	—	—
1	—	Tomato Fertiliser	—	—
1	—	General Fertiliser	—	—
1	—	National Growmore Fertiliser	—	—
1	—	Soluble Blood Manure	—	—
1	1	Sulphate of Potash	—	—
—	—	Hen Battery	1	—
—	—	Sow and Weaner	1	—
—	—	Chick Starter	1	—
9	1		3	—

REMARKS.

Sulphate of Potash—Informal Sample No. 9. Potash (K_2O) 51 per cent. The Public Analyst was of the opinion that the sample did not comply with the requirements of the Act in that it was not accompanied by the Statutory Statement required by Section 1 of the Fertilisers and Feeding Stuffs Act. This Section requires that a sample of Sulphate of Potash shall be accompanied by a statement showing the Potash content. This was reported to the Related Health Services Committee on the 1st September, 1953 and the Town Clerk was authorised to send a letter to the retailer drawing his attention to the discrepancy.

Pharmacy and Medicines Act, 1941. During the year 9 samples were taken under the Act and the results received from the Public Analyst are detailed below :

Informal Samples		Nature of Sample	Formal Samples	
Taken	Not Genuine		Taken	Not Genuine
1	—	Vita Grains	—	—
1	—	Bronchial Cough Mixture	—	—
1	—	Fever Mixture	—	—
1	—	Gees Linetus	—	—
1	—	Zubes Cough Mixture	—	—
1	—	Sanderson's Cough Linetus	—	—
1	—	T.C.P. Bronchial Antidote	—	—
1	1	Phenol Mixture	—	—
1	—	Compound Laxative	—	—
9	1		—	—

REMARKS

Phenol Mixture—Informal Sample No. 9. Medicine containing Phenol. The sample did not comply with the requirements of the Pharmacy and Medicines Act in that it was recommended as a Medicine and the active ingredients and the quantitative particulars were not stated on the label. The Pharmacy and Medicines

Act, Section 11, requires that where an article is recommended as a medicine, the appropriate quantitative particulars of the constituents or ingredients shall be stated on the label. This was reported to the Related Health Services Committee on the 29th September, 1952. The retailer was notified of the Analyst's report and the remaining stock of the mixture (3 bottles) withdrawn from sale. The Town Clerk was authorised to send an appropriate letter to the retailer.

Merchandise Marks Act, 1926. Sanitary Inspectors have made routine visits to food premises during the year and have paid particular attention to the proper labelling of goods as required under the above Act. The main offences against the Act were of a seasonal nature and were usually found to be associated with the improper labelling of tomatoes and apples. As a result of these contraventions the local trade organisations concerned were circularised by the department and the Chairman of the Related Health Services Committee made a press announcement reminding traders of the necessity of observing the Orders. Further visits had proved the effectiveness of these actions.

Rag Flock and Other Filling Materials Act, 1951. The number of registered premises under Section 2 of the Act is 12 but there are no buildings affected by Section 67 which relates to the licensing of premises where rag flock is manufactured or stored. Seven samples have been taken during the year and the analyst's report in each case indicates that the sample conforms to the requirements of Regulation 1846 of 1951.

Mr. T. C. Williams of Slumberland (Research) Ltd., 547, Buxton Road, Great Moor, Stockport, Cheshire, and Mr. L. W. Ogden of the same address continue to act as the prescribed analysts under the Act.

PROSECUTIONS DURING 1952

MONTH	SECTION	CONTRAVENTION
January	Blackpool Improvement Act, 1925, Section 87 (as amended by Section 40 of the 1935 Act)	Defendant fined 14/-, i.e. 1/- each day for 14 days (continuing offence). Caravan on land.
March	Food and Drugs Act, 1938, Section 3.	Fine 10/- and 10/6 costs. Malt Vinegar deficient of 42 per cent. of its acetic acid.
April	Blackpool Improvement Act, 1925, Section 87 (as amended by Section 40 of the 1935 Act)	Defendant fined £1. Caravan on land (continuing offence).
	Food and Drugs Act, 1938, Section 3.	Defendant fined £5. Horseflesh sold as steak.
	Food and Drugs Act, 1938, Section 3.	Fined 10/-. Butter on "bread and butter" was margarine.
	Food and Drugs Act, 1938, Section 38.	Fined £2. No sign displayed re selling of horseflesh. £2 2s. costs.
	B.I.A. 1925, Section 87 (as amended).	Defendant fined £1. Caravan on land.
June	B.I.A. 1925, Section 87 (as amended).	Defendant fined 10/-. Caravan on land.
	Meat Products and Canned Meat Products (Amendment) Order, 1950.	Defendant fined £5 and £1 1s. costs. Pork sausage deficient of 30 per cent. of its meat.
July	B.I.A. 1925, Section 87 (as amended).	Defendant fined £2. Caravan on land.
	B.I.A. 1925, Section 87 (as amended).	Defendant fined £3 10s. Caravan on land.
October	Food Standards (Ice Cream) Amendment Order, 1952. Ice cream.	Defendant fined £2 and £1 1s. costs. Ice cream sample deficient of 20 per cent. of its fat.
November	Bye-Law 7. Model Bye-Laws made under F. & D. Act, 1938.	Defendant fined £4. Food on stalls not protected from dust, dirt, etc.
	Bye-Law 7. Model Bye-Laws. Made under the Food and Drugs Act, 1938, Section 15.	Defendant fined 10/- on each of two cases. Food on stalls not protected from dust, dirt, etc.
December	Bye-Law 7. Model Bye-Laws. Made under the Food and Drugs Act, 1938, Section 15.	Defendant fined £1 10s.
	Food and Drugs Act, 1938, Section 3.	Conditional discharge on payment of costs £1 5s. Unlawfully selling sweets not of quality demanded.
	Blackpool Improvement Act, 1925, Section 87 (as amended by Section 40 of the 1935 Act).	Defendant fined 10/-. Caravan on land.

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